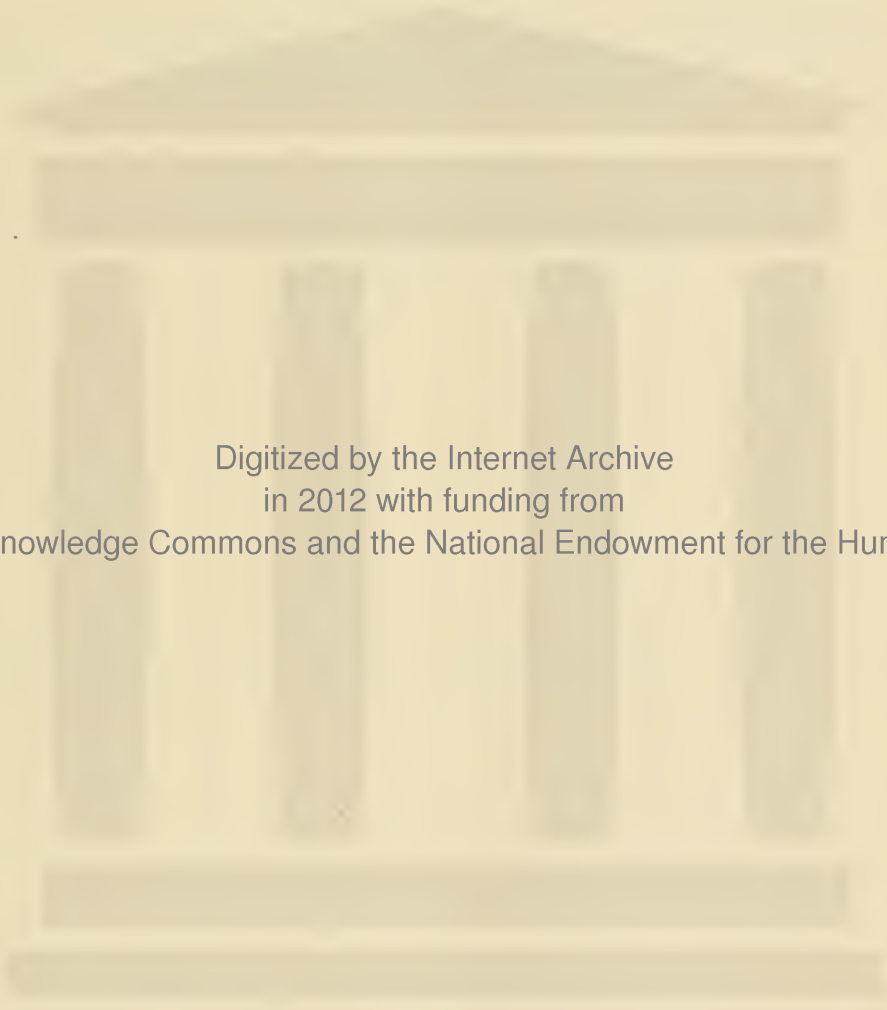

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ORIGINAL COMMUNICATIONS.

THE FRAGRANT WEED.

BY GEORGE WILLIAM WINTERBURN, PH. D., M. D.,

Professor of Materia Medica and Therapeutics in the United States Medical College. New York.

THAT "playing with fire" breeds a sense of security from danger is nowhere better illustrated than in the almost universal use of that fragrant weed the smoke of which ascending heavenward not only travels around the world with the sun, but lags behind to welcome the moon also. So common is this habit that a man who does not smoke is almost thought eccentric, and even women indulge unblushingly in scented cigarettes. Among no class of men is smoking to excess more prevalent than with the doctors. It is not my purpose to condemn the habit, but merely in setting forth in orderly array the physiological and pathological effects of the drug to leave it to point its own moral,—that he that reads may judge for himself.

Tobacco is a well-known herb, cultivated in many parts of the United States, but growing best in Virginia. It belongs to the natural order *Solanaceæ*, and is closely affiliated with stramonium, hyoscyamus, and belladonna. The fresh leaf contains an alkaloid, *nicotia*, $C_{10}H_{14}N_2$; a concrete volatile oil, nicotianin, which is the odorous principle of the herb; an empyreu-

matic oil, *oleum tabaci*; malic, citric, tannic, and gallic acids. various phosphates, malates, sulphates, nitrates, and chlorides; a pale-yellow resin; beside coloring matter, gluten, albumen, and vegetable fibre.

Nicotia is a colorless, oily, volatilizable, alkaline liquid, of the consistency of syrup; soluble in chloroform, ether, alcohol, fixed oils, and water; of a feeble odor, increased by heat; and of an acrid burning flavor.

Physiological Effects.—Nicotia is a very virulent poison, and its fatal effects are produced in less time than those of any other poison, except hydrocyanic acid. It will produce death in thirty seconds; but usually it takes several minutes. Small animals are killed by respiring its fumes, and a single drop has destroyed life in a dog. One drop of the oil caused death of a cat, and two drops, of a dog, in less than six minutes; the drug being administered per rectum. When administered by the mouth in small doses of the infusion of the leaf, it lowers arterial tension, and causes nausea, vertigo, increased flow of urine, and a free motion of the bowels. In somewhat larger doses, it induces an active emeto-catharsis, a sensation of weakness at the epigastrium, giddiness, slowness of circulation, peripheral coldness, and muscular relaxation. In excessive doses this is followed by convulsions, paralysis, and death.

Tobacco has many similarities to belladonna, and through the cerebro-spinal system affects the skin and mucous surfaces; the eyes; the digestive tract; the sexual, respiratory and circulatory organs; and nerve tissue.

I. Upon the skin it produces, in acute poisoning, copious perspiration, lowering superficial temperature; and in chronic cases, from over-indulgence in the use of "the fragrant weed," dull grayish color of the skin so characteristic of anæmia.

The habitual smoker has usually a thickly coated tongue, and the softer tissues of the buccal cavity and pharynx assume the color and appearance of dirty red velvet. There is an abnormal abundance of saliva, and if this is expectorated becomes a serious drain upon the system, while if it is swallowed it carries into the stomach the nicotine with which it is freighted.

The secretions of the gastric and intestinal mucous membranes

are also increased causing hydrocatharsis. In severe cases the mucous membrane of the stomach is found, on autopsy, to be marked with patches of ecchymosis and erosion, and a similar condition sometimes extends into the duodenum. The liver, spleen, and kidneys are gorged with blood, especially the latter, through which nature seeks to eliminate the poison.

II. In acute tobacco poisoning the pupil is first dilated and then contracted. It is said even to contract the pupil of an extirpated eye. In acute poisoning there is spasm of the ocular muscles, following myosis; and in chronic poisoning amaurosis from atrophy of the retina is of frequent occurrence. Thirty-seven cases of amaurosis from white atrophy of the optic nerve, reported by Dr. Hutchinson, thirty-one were in persons who had been addicted to the immoderate use of tobacco; and statistics seem to prove that the habitual use of more than a half ounce of tobacco per day will cause eventually impairment of sight, and in some cases of memory also.

III. Nicotine acts as a direct tetanizer of the muscular fibres of the stomach and intestines, and we have in consequence severe pains especially in the small intestines, as well as in the stomach.

Nasse found, in his experiments, that injections of nicotia into the jugular vein produced a tetanic contraction of all the intestines, which was not affected by section of the vagi or by compression of the abdominal aorta; even the splanchics were unable to exercise their inhibitory influence, either because they were paralyzed, or because the spasm was too intense for them.—*Wood.*

IV. It is well known that the excessive use of tobacco lessens virility, but Lallemand shows that it may even set up spermatorrhœa, with all its train of deplorable sequences. Workmen in cigar manufactories are subject to loss of flesh, asthmatic dyspnœa, and hæmic depletion, such as follow the long continued use of chalybeate water. And in the *Edinburgh Medical Journal* of 1864, there is an account of a case of marasmus caused by this drug.

V. Through the pneumogastrics, Stille says it uniformly renders the respiration slower, after having in some instances increased its frequency; but the larger the dose, the more speedily is this effect observed. The breathing has a characteristic his-

sing sound caused by the spasmodic contraction of the pulmonary spaces.

VI. There is considerable divergence of opinion as to its action upon the circulatory organs. That the pulse rate is primarily lessened by tobacco is an unquestioned clinical fact, but the manner in which it interferes with vaso-motor action to accomplish this is as yet undetermined. The secondary quickening of the pulse seems to be due to the oncoming paralysis of the vaso-motor system, which is the cumulative effect of repeated doses.

That tobacco has little direct effect upon the muscle-fibre of the heart is shown not only by the fact that in poisoning by nicotia the heart is still pulsating after death, but also that this still pulsating heart may be removed from the body and painted with the pure alkaloid without arresting its movements.

It has been noticed that excessive smokers often have slow intermitting pulse, and other functional cardiac disturbances.

VII. Upon the nerve substance it may be said that the action of nicotia is directed rather to the spinal than the cerebral portion, and of this latter to the medulla much and to the cerebrum proper very little; and it seems to be proved that not only is the convulsions due to spinal irritation, but that the paralysis succeedent is from spinal depression.

Therapeutics.—Tobacco has been used efficaciously in most of the diseases in which belladonna proves useful. It is successfully used in lentigo, taken internally in minute doses for several weeks. The glycerole (half-drachm of the powdered leaf to the ounce) may be applied to indolent ulcers, and diseases of the tinea and favus orders, but care must always be employed in applying it to abraded cutaneous surfaces, as dangerous symptoms have been evolved, when the drug was used on surfaces of considerable extent. Lint saturated with an infusion of tobacco (half an ounce to a pint) has been found an efficacious dressing to wounds, in cases of traumatic tenesmus. A poultice of tobacco leaves, applied to the breasts, will dry up the milk. The moistened leaf, applied to inflamed hæmorrhoids, will quickly relieve the pain, and in many cases will actually cure. The topical use of the inspissated juice has cured trigeminal and other neuralgiæ

including pruritus. A snuff-plaster to the back of the neck will quickly relieve laryngismus stridulus. In strangulated hernia and intussusception of the bowels I have seen most gratifying effects from placing the crude leaf previously dipped in hot water directly on the abdomen and covering with several thicknesses of flannel.

Although formerly used to produce general muscular relaxation, it is now an unnecessary and cruel procedure since the introduction of chloroform. It will, however, prove an effective antidote against the poison of mushrooms and in strychnia poisoning, in neither of which is it necessary to use it in sufficient doses to produce nausea. It is best administered in the form of a smoke injection. This is prepared by charging about three ounces of milk with as much smoke as can be blown into it and then administering it per rectum. It has also been tried as an antidote against sea-sickness, but I believe with rather negative results.

Moderate smoking after a meal conduces to a natural and free evacuation of the bowels, and undoubtedly has its advantages in cases of habitual constipation.

It has been recommended, in very minute doses, for the insomnia of dilated heart; in gastralgia, gastrodynia, and enteralgia, when these are accompanied by symptoms analogous to those of nicotia poisoning; in cholera morbus when the evacuations take place simultaneously up and down, and are brought on by the slightest movement, even when turning the head on the pillow; and in hypochondriasis.

The wine (vinum tabaci) made by macerating an ounce of the leaf in a pint of sherry wine is used in ten drop doses as a diuretic.

360 West Twenty-Third Street.

FACIAL EXPRESSION.—A CASE IN PRACTICE.

BY E. E. SPENCER, M. D.

Many years since while in hospital, I became much interested in a patient who was admitted to the medical ward, said to be suffering from intermittent fever, having been ill several weeks. Her face was pale and thin, pulse feeble but not over-frequent,

tongue but little coated, appetite gone, and bowels constipated; could not sleep well at night, and had a chill every second day.

After admission to the ward she did not wish to get out of her bed but for a few moments at a time; was tired and wished to be quiet. The above was all that was learned during her week of treatment. I saw her every day, from first to last, with the physician in charge and took some notes of condition. Treatment was sulphate of quinine and red oxide of iron, for the tonic and anti-periodic; bowels to be moved by blue pill, which was also to relieve a supposed congested liver; nourishing diet of beef and mutton broth, milk, eggs, etc., with some good whiskey whenever she seemed more than ordinarily depressed.

Diagnosis was malaria, producing congestive chill, imperfect digestion and assimilation, and the breakdown as a consequence.

Prognosis, probable recovery in a few weeks with the medicine, good food, and nursing she would receive.

Her face continually wore the most wonderful expression, a far away look, that appeared to comprehend that future, wholly unknown to mortals. The daily inquiry, "How are you Mrs. —— this morning?" elicited but one response, "No better, doctor," but the physicians told her she was gaining a little. The face grew to me more *wonderful*, and day and night, asleep or awake, I saw nothing else.

On the morning of the sixth day I went directly to her bed on entering the ward. She said she was about the same as the day previous; did not suffer any pain; ate and slept about the same. She sat up in her bed when the attending physician came to see her, and talked with him as before; no marked change, only, the chills were but slight. I was taking a few notes with back turned to her, when I heard an exclamation from the doctor, and a sound as of one dropping quickly upon the pillow. The patient *had* dropped quickly, and was dead!

Twenty-four hours after, came the autopsy, at which I assisted. I removed the cloth from the face to note the change, but there was none; the same unknowable, beyond expression was there; from heat to cold was the only change. While she was alive, I looked upon her as one who had compassed all mystery and knew the beginning and the end. The feeling was the same now.

All the disease was of the heart and its appendages. At the apex was a small encysted tumor filled with a cheese-like substance, which I cut in sections with scalpel. The size was about that of a medium chestnut. The heart was of normal dimensions, but the muscular portion was somewhat softened, nothing more. The pericardium, upon its serous surface, was highly inflamed and most brilliant in color, with the look of a piece of honeycomb tripe. The corrugations and the color were like what I have not seen since.

This case illustrates very markedly the fallibility of the physician, which it will not do any of us harm to keep well in mind.

CAMBRIDGE, November 5, 1882.

"*LECTURE ON VENEREAL DISEASES AMONG WOMEN IN THE LOCK WARDS OF THE EDINBURGH ROYAL INFIRMARY.*"

COMMENTS BY A. J. HOWE, M. D.

THE November number of the *Edinburgh Medical and Surgical Journal*, contains a rather interesting lecture on "venereal" among women in the Royal Infirmary of Edinburgh. The communication is by Surgeon A. G. Miller, who has charge in chief of the *lock wards*; and I propose to make a running commentory on the lecture as I pass it in review.

The speaker said, speaking of gonorrhœa, "This disease, in an acute or chronic form, was present in almost every patient who applied for admission; and the discharge, my patients being all females, came only from the vagina (except in a very few cases)—being, therefore, a *vaginitis* and not a *urethritis*, as in the male." In other words, gonorrhœa is a disease of the *genital* and only contingently of the *urinary* organs. In the male the genital organs alone cannot be treated, even if it were possible for them separately to be affected.

A woman with gonorrhœa smarts while urinating, yet it is because the acid urine falls upon a sensitive vulva. However, vaginitis cannot be kept from extending to the urethra, and even to the bladder, producing genuine cystitis. A woman with gonorrhæa is often relieved of a part of her distress by the use of

gelseminum, hyosciamus, and other non-constipating anodynes.

Dr. Miller spoke of the extreme youth of sufferers, the youngest being 13, and the average age 18. In large cities girls from 12 to 15 sometimes become contaminated with venereal diseases —even while they are living at home, and not accepting "wage" for their peccancies.

Prostitutes cannot be depended on to use astringent washes, therefore it is best to prescribe vaseline and boracic acid—ten grains of the latter to an ounce of the former—the mixture being applied from a smeared rag wrapped around the finger and rubbed in the depths and recesses of the vagina. Urethritis may be assuaged by the internal administration of copaiba in capsules; if there be cystitis the terebinthinates should be avoided. A suppository of opium in the rectum or vagina allays vesical irritation. Sensitive and swollen inguinal glands attending gonorrhœa are to be treated to the external use of aconite.

"Venereal warts," so called, are quite annoying to unchaste females. The excrescences are not syphilitic, nor necessarily gonorrhœal, though oftenest associated with the latter. The best way to cause their extinction is to touch them with a strong solution of chloride of zinc. A sliver of wood—like a toothpick—may have an end dipped in the escharotic and then applied to each wart near its base. The caustic penetrates to the "root" of the excrescence and *radically* destroys the growth. When there are many warts—a swamp or jungle of them—they are not readily exterminated.

Surgeon Miller is a believer in two kinds of "chancre" or syphilitic disease—the one being *local* in character, ond the other *systemic*, though he admits that he cannot always tell by appearances whether a certain sore is to become constitutional or not. The chancroid—multiple and local sore—generally is found "between the labia majora and minora, or more commonly on the opposing surfaces of the latter. They (chancrous ulcers) are usually symmetrically placed directly opposite each other, this being evidently due to auto-inoculation. I have also seen them at the anus and on the inside of the thighs. A common place is at the fourchette. I don't think I have seen them inside the vagina."

Dr. Miller treats chancroids by dusting them with iodoform powder. He once cauterized them with potash and zinc. Iodoform in powdered crystals is now blown upon the sores with a quill or suitable dust carrier.

I do not object to the antiseptic action of iodoform, yet the agent is unpleasantly odorous, and somewhat troublesome in use. In its stead I employ pulverized borax (borate of soda), and obtain just as good results. The powder may be sprinkled on the sores twice a day, a thumb and finger being the depositors. Borax destroys all septic action the first day, and in no way interferes with the healing process. The article is inexpensive; and not uncomfortably irritating. The agent slowly destroys venereal warts, and is in some respects preferable to chloride of zinc as a topical remedy.

Phagedenic chancroids were rarely seen in the infirmary—in fact this variety of ulceration is scarcely seen in a woman. It spreads mose readily in the prepuce and scrotum of the male. Iodoform—even the tincture of iodine—is useful in arresting phagedenic destruction of tissue. Lobacaque's solution—liquor sodæ chlorinatæ—is also of value in swift ulceration; yet pulverized borax will often do better than either.

Buboes of a suppurative nature rarely follow chancroids, if the septic matter in the sores be early neutralized with any of the antiseptics named. If a poisoned inguinal gland do reach a suppurative condition it should not be opened early lest it back and do badly. It should be hastened to "maturity" wtth poultices or warmth and moisture, then incised freely. Thus treated the result is satisfactory.

In the management of chancroids—soft and multiple chancres—no internal treatment is needed, yet it may be well to impress the patient that "medicine" is useful in preventing subsequent troubles. The unprofessional think that all venereal sores are equally dangerous.

"*Syphilis.*—By this term I understand a disease, the principal manifestations of which are an indurated chancre, indurated glands, periosteal pains, early cutaneous eruptions, condylomata; also sore throat and iritis, succeeded after an interval by later eruptions, ulcerations, gummata and periosteal affections. Syph-

ilis I believe to be an eruptlve fever, with special manifestations, and a power of so affecting the system as to leave permanent traces of its presence." The lecturer should have mentioned that true syphilis never appears but once in an individual, thus resembling other eruptive fevers, as scarlatina, rubeola, and variola. Chancroids may be repeated a thousand times, or as often as a person is exposed to the contagion.

A real *chancre* was rarely seen in the lock wards, from the fact that a woman is little inconvenienccd by such a sore. When seen the chancre was situated on the labium majus, at the fourchette, and on the cervix uteri.

The above corresponds with my own observations. The physician rarely sees a Hunterian chancre on the genitalia of a woman. I have met with more on the uterine cervix than on the labia.

The initial lesion is so painless and free from annoying qualities that the female thinks little of the affair until she has glandular enlargement—induration of the lymphatic glands of the groin. These do not suppurate, but are tender and sometimes painful. Their size may lead the possessor to consult a doctor concerning them.

In the course of weeks or months a general malaise comes on. Chills indicate systemic disturbance, a coppery eruption appears on the skin of the face and upper extremities, in time reaching every part of the body. Then comes sore throat, a troublesome cough, loss of flesh, falling hair, branny skin, bad breath, blurred vision, and the general appearance of "decline," and approaching dissolution. The disease is strikingly devitalizing; and its ravages must be stayed by the assistance of digestable and nutritious food.

The initial lesion, when seen, is to be treated with pulverized boracic acid, or with powdered salacylic acid. Dr. Miller recommends pulverized iodoform.

The eruption is to be assailed with corrosive sublimate dissolved in vaseline—a grain to the ounce.

Constitutional treatment is needed for a period of a year or more. The anti-syphilitics in best repute are mercury, arsenic, iron, and the iodides. I have placed hydrargyrum first, because

most employed and the highest praised; but the agent is neither necessary nor especially efficient. When administered extravagantly, as it usually is by members of the "regular" profession, mercury does more harm than good. It never should be carried to salivation.

The vegetable alteratives, so called, are not efficient anti-syphilitics. They may assist the emunctories a little in the work of elimination, yet their powers have been as much over-rated by eclectics, as those of the mercurials have been by "regulars."

Inasmuch as it was not my intention in this commentory, to write an exhaustive article on syphilis—a prolific theme—I will rest the subject in its present state, hoping in the effort that a reader here and there may be helped in efforts to form "advanced ideas" in regard to venereal diseases.

4th Street and Main, Cincinnati.

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

(American and Foreign.)

BOSTON ECLECTIC GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY.

Stated meeting Tuesday Evening, November 28th, Dr. E. E. Spencer, President in the chair. Dr. John Perrins, in lieu of the essay which he had expected to read, presented the details of a case, which were in snbstance as follows:

He was called to Mrs. J——, January 6th, 1882. She had been married thirteen years and had given birth to a daughter about a year after marriage. From that time she had menstruated regularly until October, 1881, when the menses failed to appear. He learned that, suspecting pregnancy, means had been employed to procure an abortion, and that, as a probable result, she had been "flowing" more or less for thirty-two days. She was much reduced in flesh and strength; her temperature was high, pulse rapid and feeble, face flushed, and thirst intense. He found her to be suffering with severe metritis, accompanied by cellulitis, and extreme tenderness over the abdomen. The os was closed so as barely to admit an ordinary uterine sound. The patient and her friends thought that the fœtus and membranes had been expelled, but he judged that such was not the case,

from the fact that the hemorrhage had continued and the uterus was larger than it should have been. On the following day he introduced a small seatangle tent, and when that was removed, a larger one, and finally a large sponge tent. When he removed the latter he also removed what to him appeared to be a small placenta, or a portion of one, which, being considerably decomposed, he did not examine very minutely. After this, by the use of such remedies, and other treatment as he deemed suited to the case, the hemorrhage gradually ceased, and the patient improved until the end of the month, when the temperature was again increased and symptoms of peritonitis appeared.

Early in February, peritonitis was thoroughly established, and he then in addition to internal treatment began the use of onion poultices applied over the abdomen, substituting them for a liniment which he had been using, and changing them often enough to insure their being constantly hot.

He called attention to a method of making onion poultices. which he thought superior to all others, and for which he was indebted to the late Dr. W. E. Underwood. The onions, skins as well, were to be cut up fine and placed in a flannel bag, and spread so as to have them of an even thickness. This was to be quilted through to keep them in place, and the bag then placed in a frying-pan over a slow fire so that the flannel would not burn and allowed to remain until the onions were cooked, when the under side of the flannel bag would be found to be saturated with the moisture of the onion. When sufficiently cooled, the moist side was to be applied to the unprotected skin. He offered an apology for going into details over such an old and everyday subject as an onion poultice, but we think none was nccessary, for these poultices are unquestionably useful things, and no doubt many persons make them wrongly, thereby converting what might be a means of great relief, into a source of much discomfort.

This plan of treatment was continued for about five days without any permanent improvement, after which time Dr. G. H. Merkel was called in consultation. His suggestions were carried out faithfully, still the patient grew worse, hemorrhage from the bowels appearing and continuing for three days. All the symptoms were now of the gravest character. She was profoundly exhausted and every aspect of the case was so forlorn and unpromising that on the evening of the 13th a medical friend of the family, who had been watching the case, gave it as his opinion that it was impossible that she could survive the night. Feeling that all hope from medication had gone, Dr. P. suggested, as a last resort, transfusion.

Finally, getting the consent of the husband, he consulted Dr. Merkel, and on the day following transfusion was performed. This was followed by a very severe chill, which lasted an hour or more, and through which it seemed impossible for her to live. which was followed by a fever, correspondingly high. From this time there was a marked improvement for five days, after which she gradually relapsed into her former condition, and by the 24th the case seemed even more desperate than before, if that was possible; but as life still remained he determined, if the consent of the husband could again be obtained, to try a second transfusion. To this, however, the husband strongly objected, as did also the other relatives of the patient.

Permission was however at length secured, and on the 25th the operation was repeated. He confessed that he had great fear that she would die under the operation, but to him death seemed inevitable without it. It was only after considerable effort that they were able to introduce the needle within the vein, owing to the latter being so imperfectly filled, and owing to certain other difficulties they were unable to transfuse as large a quantity as they had intended or desired.

The reaction which followed was neither so severe nor so prolonged as on the former occasion, and to the surprise of everyone she improved steadily from that time though her recovery was necessarily more or less gradual. Every change was carefully noted and all orders were faithfully carried out by the friends. In the end he had the satisfaction of seeing his patient restored to her former health, which she now enjoyed.

Dr. Miles wished to inquire of the attending physicians whether, in their judgment, the favorable issue of the case was due to the transfusion. Dr. Perrins had not the least doubt of it; prior to it he saw not the slightest ground upon which to base hope; in fact the patient was to all appearances moribund, but improvement began almost immediately after.

Dr. Merkel said that he had but little expectation at the time, that the transfusion would succeed. The pulse was minute and all the symptoms of the gravest character. At the first operation two ounces of defibrinated blood were transfused; the second time, owing to the semi-delirious condition of patient and her resistence, not more than eight to ten drachms had been injected within the vein, the balance escaping into the areolar tissue, or externally. He exhibited the apparatus employed which was identical with that known as Avelings, except that hard rubber had been substituted for metal in certain places. He did not know whether the blood which had escaped subcutaneously had given the part the appearance of ordinary echymosis or not. Dr.

Perrins stated that such appearances were present, but in a slight degree and for a short time only. Dr. M. continued, that in his opinion repeated small transfusions were to be preferred to larger ones less often, inasmuch as the rigor and febrile action which follow, vary in intensity according to the amount transfused, and this became a matter of the first importance when the vital forces were profoundly depressed. He believed that the transfusion should by preference be from one of the same sex as patient, though no other reason than clinical experience could be given for such preference, and he judged the indirect method to be preferable to the direct. He cited the case of his own child in whom a fatal issue had seemed to be averted by repeated transfusions of a few drachms each. We would direct the attention of those of our readers who are interested in the subject of transfusion to an able and interesting paper on that topic, read by Dr. Merkel before the National Eclectic Medical Association in 1877, and which may be found in the "Transactions" for that year.

Dr. Reid said the propriety of the operation, like that of tracheotomy, hinged, not on the number of cases in which it had proved successful, but on the answer to the question whether *any* lives had been saved by it. Without doubt patients had been snatched from impending death by transfusion. It was, therefore, not only justifiable, but the practitioner was bound, if possible, not to allow patients to die for the want of its performance. Its success, like that of the other operation alluded to, depended much on its timely performance. Its failure in many cases was due, no doubt, to its having been too long deferred, and yet it had proved successful repeatedly even as a *dernier ressort*, and under the most unpromising circumstances. He questioned whether or not in the injection of defibrinated blood subcutaneously, we did not possess a valuable, but, so far as he knew, as yet an unemployed means of sustaining or restoring the system. Transfusion was open to one or two serious objections; rigor and febrile reaction more or less intense according to amount transfused always ensued, and, as had been intimated, sometimes were followed by collapse. This did not apply to subcutaneous injections. In other instances in which the stomach refused to receive kindly or appropriate food, mild in character, why might not the subcutaneous injections be expected to do good, the air being excluded?

Dr. Green remarked that in his opinion but little could be expected from the injections as proposed, for when the power of absorption was lost by the stomach, it would be found that the absorbent powers of all parts of the body were also lost, even the morphia injections failing of their usual effect. Dr. Reid

responded that while this might be true in theory, it was not always so in fact. He now had a case under care in which the stomach was unable to dispose of even milk in small quantities, and yet the bowels retained the power of absorbing nutrient enemeta as evinced by maintained flesh and strength. He had also repeatedly seen marked benefit follow the use of alcoholics injected hypodermically, in cases of asphyxia from anæsthetics; profound collapse from terrible railway crushes; and "shock" following major operations, the pulse and other conditions speedily responding. Since absorption sometimes took place in such instances, why not in those suggested?

Dr. Spencer said that the discussion had wandered widely from the case in question. When he reported a case, he did so for the purpose of eliciting suggestions as to treatment and other practical points. If the gentleman who reported this case, had the same end in view, it had not, he thought, been attained. Only general hints had been given as to the treatment pursued and without any intention of criticising he would like to inquire whether warm water injections, intra-uterine and vaginal, had been given. Dr. Perrins replied that the latter, not the former had been employed. Dr. Spencer resumed and laid great stress upon the utility of intra-uterine injections of warm water (about 115° if we remember correctly) in such cases. He employed a fountain syringe, holding the reservoir only just so far above the point of exit, as that the water would flow gently, nothing more. A double canula was also used giving ready escape to the fluid, and thus used he had yet to see an untoward symptom resulting, and had often seen most substantial benefit obtained. He regarded it as an astounding fact, that amid a company of eclectics, and external applications the topic under discussion, not a single allusion had been made to lobelia, which was a capital remedy in just such cases, and a decided addition to the poultice. Dr. Perrins explained that into the liniment for which he had substituted the poultices, lobelia entered as an important ingredient.

Dr. Green uttered a warning word concerning intra-uterine injections. He formerly, and for years made frequent use of them in a variety of cases, acute, catarrhal, and other conditions within the uterus, with perfect impunity, and had regarded them as of the greatest value and importance. His attention was called however to three consecutive fatal cases resulting from their use in the practice of a leading gynæcologist of this city, and almost simultaneously a number of similar results were chronicled in journals in various parts of the country. He therefore discontinued them and now regarded their use as, at least, attended with considerable risk. Dr. Spencer said we possessed but few remedies or means

of positive value that were not more or less open to objection, even the simplest being sometimes attended with most distressing and unforseen consequences. For instance morphia or aconite or anæsthetics even when carefully made use of sometimes produced alarming results, but since the instances in which such results occurred, bore but a very small proportion to the aggregate of cases in which these remedies were employed, he could not regard the use of them as unwarranted. A remedy or means that gave such satisfactory results as the one under discussion, and could be used with frequency and for a term of years without a single mishap was not, to his mind, a very hazardous one, and he would be loath to discard it until some other equally effective and not open to the same objection was proposed.

Dr. Miles said that theoretically the use of the intra-uterine douche in the treatment of certain uterine difficulties, especially in some of the stages of such a case as the one reported, seemed desirable. In former years he had applied the douche frequently, but on one occasion it produced a most violent shock to the patient, and from that time he had not ventured it again. Perhaps some would think it unwise to discard a means that so often proved efficient because now and then an accident had occurred; but for himself he did not care to take the responsibility. Many of the ablest gynæcologists of the day took a similar position, and he thought the sentiment of the profession, as a body, was opposed to its use.

He believed that great relief was given the patient suffering from pelvic peritonitis, and in fact all forms of peritonitis, from the use of the following liniment, or one similar to it: ℞. Tinct. Aconiti Rad., Spiriti Terebinthinae, a. a. ʒ iij; Chloroformi, ʒ v; Linimenti Saponis, q. s. ℥ iv. To be applied freely to the painful region and covered with oiled silk or a hot poultice.

The effect of the aconite was to partially paralyze the peripheral extremity of the nerves. The onion poultice which had been referred to, he "believed" in, and frequently prescribed. It was important that it should be well made. The onions should be boiled until they could be crushed with a rolling-pin; they should then be mixed with flaxseed meal, but not made too heavy for the comfort of the patient. It would be well to add a few soft hop or poppy heads also. He thought he should never cease to use that poultice—homely as it might seem to the fastidious—in inflammations of the abdominal or thoracic viscera.

The society then adjourned.

MASSACHUSETTS ECLECTIC MEDICAL SOCIETY

The twenty-second semi-annual meeting will be held in the parlors of the Revere House, in this city, on Wednesday, Jan-

uary 10th, at 10 o'clock, A. M. The following are some of the gentlemen who will present papers together with their subjects: Dr. G. H. Merkel, Boston, "Oxymurin"; Dr. E. E. Spencer, Cambridge, "The Security of Child Life"; Dr. J. M. Aldrich, Fall River, "Cerebral Physiology as Applied to Education"; Dr. H. G. Newton, Boston, "Nerve Stimulants"; Dr. J. S. Andrews, Taunton, "Infanticide"; Dr. C. E. Miles, Boston, "Convulsive Tremor." The annual dinner will be served at 2 o'clock, P. M. Altogether a pleasing programme has been arranged and a meeting of interest seems assured. A full attendance is desired.

A. L. Chase, M. D.,
Recording Secretary.

THE DISTRICT SOCIETY.

The annual meeting of the Boston District Eclectic Medical Society will be held on Thursday Evening, the 9th inst. After the election of officers for the ensuing year, the evening will be given up to social enjoyment. The annual supper will be served at ten o'clock. Let there be a full attendance.

SELECTIONS.

QUININE IN SPASMODIC COLIC.

Some months ago, being in Professor Frank Hamilton's office, and saying that I had not read his paper on "Strangulated Hernia," he kindly handed me, not only that, but the one also on "Posture in Colic," the reading of which has brought to a focus a half-formed resolution to send you a few lines upon this last subject. That resolve is now three years old. It has been held in abeyance only to make assurance doubly sure, and because I am not at all inclined to "rush into print."

Without going into its pathology at all, the affection to which I refer is on this wise: First, a sense of abdominal fulness, not amounting to uneasiness even. After some time possibly an hour, a trace of uneasy feeling lasting for a few seconds—after an interval of quiet, longer or shorter, a dart of pain at some point in the abdomen, enough to call attention, and again an interval of quiet, succeeded in a few moments by another and severer evidence of coming trouble. This state of things which has always seemed like an alternate spasm and relaxation, may continue for an hour, or hours, and is at last succeeded by a pain which is agonizing and continuous, just as if the intestines had

been suddenly folded and gripped in the hands of a strong man, and were being wrung as a washerwoman rings clothing. I speak of this matter from the standpoint of a life-long experiance. From boyhood until three years ago I have had abundant opportunities for studying this trouble in all its phases. That and a constantly recurring severe headache have always been accustomed, but very unwelcome visitors—so much so as to interfere very materially with my business. It would be without good to enumerate the remedies tried for the colic during this long period; ranging through the list of cathartics, anti-spasmodics, emetics, aromatics, stimulants, injections, alkalies, mechanical applications, anodynes, sedatives, aud finally chloroform, for none of them were at all reliable, except possibly morphine; but this was exceedingly objectionable, leaving always behind a nausea which lasted for days, and was about as distressing as the original difficulty.

About three years ago, having endured a severe headache for some days, I concluded to try a dose of quinine, with the hope that it might bring relief, as it had done occasionaly before, but before reaching my office from a lengthy visit, decided symptoms of colic were developed. Immediately on arriving I took ten grains of quinine, hoping thus to give the headache its *coup-de-grace*, and so be allowed a free and uninterrupted contest with the colic. A patient coming in, claimed my attention for perhaps half an hour, and when allowed again to think of myself, I was surprised to find that the pain had not increased.

This was such an unusual thing, and so contrary to years of experience, that I could hardly believe in it. I, desiring to know what would follow, sat down quietly to wait and watch. Soon there began to come a sense of languor and drowsiness, and a hope, amounting after a time to a certainty, that for once I had escaped some hours or days of suffering. The question very naturally came to me, Had the quinine anything to do with this unusual ending? Believing that it had, I of course determined to try it again. In the next two attacks the quinine was taken early, and with entire success. Being now satisfied of its power to prevent an attack, if taken in the early stages, and desiring to to know what it would do if left to a later period, I allowed the next attack to progress until it was well established and certain of its being severe. Then the quinine was taken, and in half an hour the pain was gone, and nothing remained but a sense of ease and safety.

Since then, now three years, I have taken it myself, and given it to many patients during these attacks, with complete success.

Remembering with gratitude, the kind services of my profes-

sional brethren during many occasions of this kind in early professional life, and how consoling their care and presence was in these hours of suffering and anxiety, I have always been carefnl to remain with these patients, sometimes at a great inconvenience, until they were better. Now I send a capsule containing eight or ten grains of quinine, and pay no further attention, being quite sure that I have done for them the very best thing possible, and have thus been saved many a night of tedious and unsatisfactory service.—N. R. Derby, M.D., *in Medical Record.*

LOCK JAW OF INFANTS AND ADHERENT PREPUCE.

Without being positive, I have been under the impression that trismus nascentium is much more prevalent in portions of the Southern States than it is anywhere at the North.

However this may be, there is no doubt of its very great prevalence in many portions of the Southern country, and especially among the colored race, although not confined by any means to this people. My experience is that it is a fearfully fatal malady, and takes off thousands of infants within the first fifteen days of their life. About a year ago, when examining a case, I discovered that there was adhesion of the prepuce to the glans penis, accompanied with the usual briabism. I circumcised the child, after having torn up the adhesions, and then gave two grains of hydrate of chloral every two to four hours, keeping down the spasms as well as I could with this agent, and producing nearly constant sleep, and the case recovered. This was the first recovery of trismus nascentium within my experience, which has been very considerable in twenty-seven years. The result could not have been entirely due to the chloral, as I had often given this agent before, and pushed it as far as safety would allow. But this case does not stand alone, as I have just had another recovery from the same procedure of treatment. I am also informed that a case in the practice of Dr. Wiechelbaum, of this town, has recovered under the same treatment.

I think, too, that I should have had more cases to report but for the fact that experience has taught me to examine every male child carefully within the first few days of its birth, and break up the adhesions betwixt the glans and the prepuce where they occur, and split the prepuce in some instances and circumcise in others. I have been greatly surprised at the very large percentum of cases where adhesion exists, and have no doubt that this surprise will be shared by other general practitioners who will take the trouble to examine every male child born under their auspices. Further

good results will follow, for there are in my experience many children made very restless and nervous, which conditions last through the first year of life, and end in the form of paralysis, for which Dr. Sayre, of New York, first pointed out the remedy of circumcision.

I am not aware that these conditions have ever been treated upon in medical books before, and are merely hints drawn from experience and which I think every thoughtful practitioner will appreciate. It is the common belief of most physicians that trismus neonatorum is due principally, if not always, to trouble in the cord. My belief is that it may be due in some instance to the navel cord, but by no means in my case. Adhesion of the prepuce produces a certain percentage in male children, and cold draughts of air is an active factor in causing the disorder in both males and females. I have the impression that it is much more common in the male child than in the female, but intend to satisfy my mind upon this point by hereafter keeping notes. The colored population, as is well known, are a very careless people, and live generally in houses badly build, which abound in air-holes. During the winter season children born in such places are very apt to have this disease.—J. G. Thomas, M.D., *in Medical Record.*

THE TREATMENT OF ERYSIPELAS BY TURPENTINE.

In the *Wiener med. Presse*, June 18, 1882, Dr. Hastreiter recommends the treatment of erysipelas by painting with oil of turpentine, on the following grounds: 1. It can be employed on the most sensitive of patients, does not require any skill, and can be applied by the patient himself as often as may be necessary, and the irritation produced by excessive friction is avoided. During its application the eyes should be protected by a pad. 2. When employed frequently enough this method is perfectly safe and tends to produce a rapid cure. 3. Oil of turpentine can be procured everywhere. 4. All other dressings are unnecessary. 5. Internal antipyretic treatment is only rarely necessary; usually all that is necessary is to bathe the body with cold water, and to make use of cold applications to the head. 6. The inhalation of the vapor of turpentine can, perhaps, act as a preventive of the extension of the disease to the air-passages. 7. When employed at the outset of the disease it may abort the morbid process. 8. The oil of turpentine may also be employed in phlegmonous inflammatton other than erysipelas.

In the *British Medical Journal*, August, 1882, Dr. C. S. Hutchinson records a case of a large, robust man, who was

thought to be *in extremis* from a violent attack of idiopathic erysipelas of the head and face. Iron and the usual internal remedies had been tried; but no external application had been used. Iodine was now painted on the scalp. Tnis had a magical effect, the patient being out of danger two days afterward, the amendment begining with the first application of the iodine. Dr. Hutchinson has never before seen so desperate a case recover so quickly. It should be remembered, however, that the occasional value of iodine in erysipelas has been known for many years.

MECHANICAL TREATMENT OF SCIATICA.

Perhaps many physicians could recall the tenderness and muscular irritability attendant upon some of their cases; of the disease this has been the condition in many of mine. Coupling this fact with a personal experience when a boy, I was led to believe that relief could be obtained with a greater degree of satisfaction by mechanical means than by the administration of remedies, especially of the narcotic class. It has been my experience that muscular relaxation *must be secured* before relief could be obtained; I therefore resolved to try an expedient that at least could do no harm.

Case I.—Was consulted August 5, 1882, by an old lady; widow; corpulent; of sanguine temperament. Complained of severe pain from hip to heel in posterior of leg; said her joints ached. An inspection showed no redness about the joints, no pain on pressure, no constitutional disturbance, tongue clean and moist, bowels regular, kidneys active, skin dry and harsh, temperature normal, pain lancinating. Patient said she had been in this condition for seven months, that she had not been free from pain since January, 1882. Diagnosis sciatica. Prescribed cinchonidia sulph. and salicylate of soda, aa ℈ij. M. fiat in capsules No. 10, et sig. one every four hours. The night of the 6th I was hurriedly summoned to go and see her; found her in terrible agony; proposed to administer hypodermic injections of morphia. She refused, saying that it "made her so sick" she would "rather die than take it." Something had to be done, as I knew she was a woman who would not say she suffered unless she did. I thought of my own experience when a boy. I was suffering from sciatica, and whenever I could get my foot fast in the foot of the bed, would experience relief by drawing myself up in bed and making extension.

I put on the extension, and hung to the cord eighteen or twenty pounds of sad-irons; in less than twenty minutes my patient was easy and getting drowsy. I left her for the night and went home,

wondering why I secured so good a result so soon. The next morning I called to see her, and found as happy a patient as it is the lot of any to find. The pains had almost wholly subsided; the patient said she had kept on the apparatus about three hours, and then the limb began to feel tired, so she unbuttoned the foot-piece and slept a little, when she again began to feel the pain. She fastened the weights on again, and was relieved, and so on through the night.

I advised her to continue it through the day and following night. Next morning I found my patient up and dressed, declaring that she was well; advised her to take the capsules as before prescribed, three daily instead of one every four hours.

Patient at this writing still remains free from pain; health much improved.

Case II.—Married woman, thirty-five years of age; teacher in our public schools; consulted me August 27, 1882; is of slight build, a blonde of nervo-sanguine temperament. Said she had a severe pain in the hip, and referred it to the region of the great sacro-sciatic notch. Said the pain ran down the back of her leg at times, especially when sitting or in a recumbent position. She was poorly nourished and quite nervous; was fearful that she would be unable to go on with her work, and being quite an enthusiast, this contributed not a little to her anxiety. The treatment was the same as in the previous case, except that I commenced with the extension and then gave the cinchonidia sulph. and salicylate of soda. Patient relieved in two nights. Has since had a slight relapse, but a single nights extension for a few hours at a time put an end to it.

Case III.—Commercial traveller; consulted me October 5, 1882. Had an attack of sciatica about one week before, and it was growing worse. Said he had syphilis six months ago; had taken potassa iodide with hydrargyri iodidum until the last month, when he contracted gonorrhœa, which up to date was discharging freely. Treatment same as in the foregoing cases. Cured of his sciatica in less than twenty-four hours, with no return up to the present. I find that by taking hold of the foot and making extension, by pulling for a few minutes to the extent of fifteen or twenty pounds, if it eases my patient, it is a suitable case for the weight and pulley extention. I make button-holes at the foot end of the adhesive straps, so that the foot-piece can be loosened and rest the patient if the leg gets tired, or for any other purpose. I also place the pulley a little above the axis of the leg. I see to it that the leg is thoroughly extended, and make it a point to relax the muscles by hanging on sufficient weight. When the leg tires and and the pains subside, I tell my patient to unbutton the foot-piece

and rest until the reappearance of the pain, which in most cases is after the lapse of considerable time. In all my cases the recoveries have been perfect and all that could be asked.—Dr. SHOEMAKER, *in Medical Record.*

ANGINA PECTORIS SUCCESSFULLY TREATED BY SCULPTOR'S CLAY.

HAVING pursued Dr. Sokoloff's article (see *London Medical Record*, April 1882, p. 144) Dr. Masalitinoff (*Vratch*, 1882, No. 11) resolved to try the same method in a severe case of angina pectoris of four years' standing in a patient aged 22, suffering from old postrheumatic insufficiency of the mitral and aortic valves. Of late, the anginal paroxysms appeared two or three times weekly, always at night, returning in from 2 to 4 hours, lasting from fifteen to sixty minutes, and preventing the patient from sleeping. Quinine, amyl nitrite, arsenic, valerian, etc., entirely failed to relieve the agonizing pain. Dr. Masalitinoff ordered the application of cakes of moist sculptor's clay to the cardiac region twice a day. From the very first application, the patient felt greatly relieved, slept soundly through the night, and on the next day no traces of pain remained. At the end of three weeks, the patient remained entirely free from any cardiac pain; he was now scarcely recognizable; he became strong, cheerful and gained in weight. The author used 'home-made' sculptors clay in this case. He took finely ground plaster-of-Paris, and moistened it with water, thus making a soft paste, which he spread on a piece of linen and applied to the painful region.

HOT WATER IN NAUSEA AND VOMITING.

DR. MORTON says, in the *Louisville Medical News*, that several years ago he learned from his own personal experience that no agent relieves nausea and vomiting so satisfactorily and promptly as water, as hot as can be drank. Since then he has used it in a large number of cases, and no remedy that he ever administered in any condition has proved more uniformly reliable. He has preserved records of many of these cases, and makes the following classifications: 1, cases in which nausea and vomiting occurred at the onset or during the course of acute febrile disease; 2, cases in which these symptoms were caused by overloading the stomach when its functions had been impaired by protracted disease; 3, cases in which they were produced by nauseous medicines (not emetics) at the time they were taken; 4, cases of acute gastritis caused by the ingestion of irritants;

5, cases in which these symptoms were purely reflex; 6, cases of chronic gastritis; 7, cases of colic in newly born infants; 8, cases of flatulent distention of the stomach in adults.

WHAT A BLIND MAN SEES.

The French scientist, Plateau, who for the last forty years has been totally blind, has just published a little paper on the sensations which he experiences in his eyes. He states that he has constantly in his eyes the sensations of light; his field of vision is divided into spaces, of which some are very clear, and others sombre or almost black. These spaces are not precisely limited, but run into each other at their borders; but what is remarkable is that their general tint alternates between gray and reddish. For example, if it be gray M. Plateau perceives now, in a few hours it will be red; then, a few hours later, the gray again, and so on. The reddish tint is that obtained by mixing pale rose-color, or rather flesh color, with a certain quantity of black. The relative arrangement of these different spaces is always the same, but the intensity of their tints varies. The central space shows itself sometimes very clear, and sometimes very sombre; above and below, as far as the limits of the visual field, there is sometimes clearness, sometimes obscurity. It is the same with the space to the left; there is generally a vertical, almost black band, and the space to the right of that, as far as its limit, is almost always clear and ruddy. These appearances seem to M. Plateau to fill the whole extent of his ordinary visual field. He believes the distance at which they are is small. These same appearances follow all the movements of the eyes, as if they resulted from a modification of the retinas. It appears to M. Plateau that the two eyes do not participate in the same manner in the tints in question; but he is absolutely incapable of distinguishing what belongs to the one from what belongs to the other. He has not been able to establish any coincidence between the changes of the general tint and the work of digestion.—*Boston Journal of Chemistry*, September, 1882.

BRIGHT'S DISEASE WITHOUT ALBUMINURIA TILL WITHIN EIGHT DAYS OF DEATH.

Absence of albumen from the urine in cases of advanced Bright's disease is, as is well known, not uncommon; and cases have even been recorded where no albumen was observed during life. It is not common, however, for the urine of a patient, long under exact observation in hospital, to show no existence of

disease by the ordinary tests till eight days before death, and yet for the *post mortem* examination to show that the kidneys were so atrophied that only a seventh part of their substance was functional. The patient, a female, aged forty-eight, was for over three months in the Breslau Hospital, suffering from general dropsy and bronchitis. Mitral insufficiency, with hypertrophy of the heart, was diagnosed, but was not considered enough to account for the symptoms. Signs of kidney effections were carefully looked for, but not found, the urine being of normal color and quantity, acid, 1020, without albumen or abnormal constituents. Eight days before death, the urine diminished in quantity, in color it was clear, brown red, of specific gravily 1,033-1,025. It contained albumen, hyaline casts, and white and red blood-corpuscles in moderate number. Dr. Schuchardt records the *post mortem* appearance as observed by himself (*Berl. Klin. Woch.*, 1882, No. 41). There were complete atrophy of the right kidney (seventy-six grains), and of great part of the left, with interstitial and parenchymatous nephritis of the rest of the left kidney (635 grains); dilatation of the heart with hypertrophy of the left ventricle and fatty degeneration of the heart-muscle; chronic endarteritis of the aorta and other large arteries, including the renals; pleurisy; and lobular pheumonia. Microscopic examination showed the usual appearances of granular contracted kidney, only a small part of the left kidney showing comparatively healthy urinary tubules and glomeruli. There was no trace whatever of recent inflammation in the right kidney or either in great part of the left, but in the remaining part of the left kidney the interstitial tissue was thickly infiltrated with small cells, and the epithelium was in a condition of fatty degeneration. Dr. Schuchardt consideres that this case strongly supports Heidenhain's theory as to the action of the different portions of the kidney in the separation of the urine from the blood. Heidenhain asserts, and gives experiments to prove, that the separation of the water and salts of the urine occurs in the glomeruli, while the specific urinary constituents are secreted by the action of the epithelium of the urinary tubules. He explains the absence of albumen in healthy urine, although secreted from an albuminous fluid by the presence of the complete epithelial covering of the glomeruli. In the fact that a seventh part of the normal renal substance could secrete the normal amount of urine indistinguishable from the healthy urine, Dr. Schuchardt sees a proof that the separation of urine is not a simple filtration, as Ludwig holds, but a secretion by a tissue, part of which can, in compensation, take on increased function. He points out, also that the albumen appeared in the urine eight days before death, coincidently with an alteration in

the nutrition, and, therefore, if the structure of the epithelium covering the glomeruli of the left kidney.—*London Medical Record.*

THE TREATMENT OF STRYCHNIA-POISONING.

Dr. W. J. Byrne, of Russelville, Ky., was called on the night of October 9th, at 10 P. M., to see Mr. W. E. C——, aged twenty-two, student of theology at Bethel College, who had taken strychniæ sulph. with suicidal intent. On arriving he learned that he had eaten but little supper; was supposed to have swallowed the drug about 9 P. M.; was found in a tetanic convulsion by one of his fellow boarders at 9.30. His condition was such as is produced by the action of the poison, the paroxysm being announced by a shudder passing through the entire frame, jerking and twitching of the head and extremities, and then suddenly a general tonic convulsion occurring. The paroxysms were then recurring every five minutes with a tendency to shorten the interval of relaxation. Drs. Alderson and Harper had given the patient forty grains of pulv. ipecac a few moments previous.

"We immediately began the inhalation of chloroform, which, while not warding off the convulsions, appeared to lessen their intensity. Finding it impossible to introduce any medicine by the mouth, we resorted to the use of hypodermic injections of the hydrate of chloral and bromide of potassium, fifteen grains of the former with thirty grains of the latter in aqueous solution. This, in connection with the inhalation of chloroform was continued tilll 12.30 at various intervals, during which time there was administered one hundred and fifty grains of chloral with three hundred grains of the bromide. During the same period of time he had hypodermically one grain of morph. sulph. Under this course of treatment the paroxysms were apparently weakened, but the frequency was about the same. We then administered four drops of the fluid extract of physostigma, the inhalation of chloroform being continued, and for the first time he rested forty-five minutes before a recurrence. The convulsions not being so violent as before, we awaited the expiration of an hour before repeating the calibar bean ex., and this was succeeded by a rest of one hour, when the convulsions reappeared and the calibar ex. was again given. From this time on there was but little evidence of the action of the poison—some twitching of the facial muscles and jerking of the lower extremities. Having sufficiently recovered by 6 A. M. to swallow freely, we then gave the solution of chloral and bromide of potassium internally, at intervals of four hours, in the same doses as had been hypodermically adminis-

tered. During the day he progressed well, and at the termination of thirty-six hours was well. I have thought the case of sufficient interest to give a synopsis, inasmuch as by weight he had taken ten grains of the ordinary commercial strychnia and yet was enabled to live by the antagonistic action, as I believe, of the chloral hydrate. The case also illustrates, in a beautiful manner, the paralyzing action of the physostigma."—*Med. Record.*

A CURIOUS MONSTER.

M. Paul Bert describes a living monster, five years old, seen by him at Geneva. It has two heads, two thoraces, four arms, one abdomen, and one pair of limbs. The fusion begins at the umbilicus. It has two stomachs, and probably two duodenums, one anus and one set of genital organs, the sex being male.

Remarkably enough though anatomically the same below, they are physiologically independent, each having control of the leg on his own side. The monster can walk, however. M. Bert states that the two faces are much alike. They are intelligent, and speak German, French, and Italian. Their health is good, they are mentally independent; eat and sleep alternately. The food which one takes does not satisfy the hunger of the other. The need of urinating and defecation is felt simultaneously. One has had a fever without the other being ill.—*Medical Record.*

A METHOD OF TREATING HYDROCELE.

Dr. Robert F. Weir, of New York, in an article on the treatment of hydrocele, published in the Medical Record, thus writes of carbolic-acid injections as a remedy in this affection, but gives the credit of the procedure to Dr. Levis, of Philadelphia, instead of to Dr. Sandidge, of Edmonton, Ky.:

I was led to adopt this mode of treatment, and though prepared by my previous experience to believe that the carbolic injections were not very irritating, yet I was most agreeably surprised to find that the strong acid was, in the instances which have come under my notice, absolutely painless, or so very slightly so as to be insignificant. In my services at Bellevue Hospital as well as in private practice, I have used this injection in thirteen patients, four of whom had double hydrocele, with only one failure. In the double hydrocele both sacs were injected at the same sitting. In this instance there was re-accumulation, and a second injection of the pure carbolic acid two weeks later was followed by a cure. In this action I afterward learned how to precipitate, for the fluid when reformed will gradually disappear, as after an iodine injec-

tion. In a majority of instances there was not such a re-accumulation of fluid, but there was considerable thickening of the whole tunica vaginalis, both parietal and visceral. This thickening will last three or four weeks, sometimes longer. Patients are at no time incapacitated from attending to their usual vocations, though Levis speaks of their being detained a day at most from such. In every instance the urine was carefully tested for three or four days subsequent to the operation, in order to determine whether or not there had been absorption of carbolic acid. None was observed in any case. The quantity injected was one-half to one and one-half drams.—*Practitioner.*

REDUCTION OF DISLOCATIONS OF THE SHOULDER.

The number of modes of reducing dislocations of the shoulder (London Lancet) shows that the best plan is yet generally unknown. A valuable paper on this subject was read by M. Kocher at the meeting of the International Congress in London. Referring only to the subcoracoid form of dislocation, he asserts that the aim of the surgeon should be to open out the rent in the capsule, and to relax the parts of the capsule which are untorn but tightly stretched by the false position of the head of the humerus. The rent in the capsule is on the inner side of it; the most tense part is in the upper portion, where it is thickened by the coraco-humeral band; the lower part of the capsule is also tense. Kocher asserts that by rotating the arm outward the top of the capsule is itself rotated out and the rent rendered patent. If now the arm be advanced in the vertical median plane, the upper part of the capsule is relaxed, and the head of the bone, being prevented passing forward by the lower fibers of the capsule, enters the glenoid fossa. He accordingly directs that for the reduction of this dislocation the following manipulation should be practiced: The patient should be seated, with the surgeon on his left hand. The elbow-joint is first to be flexed to a right angle, and the joint firmly pressed against the side of the chest; then while holding the elbow in contact with the body the arm is to be slowly, gently, and steadily rotated out until firm resistance is encountered; then maintaining this rotation the arm is to be raised forward and a little in, and lastly to be rotated in and the hand brought toward the opposite shoulder. It is stated that there is no need for anesthetics when this manipulation is employed. This method, which has great advantages over those in common use in this country, is stated by M. Ceppi (*Revue de Chirurgie*) to be especially valuable in old dislocations, enabling

them to be reduced often without any force and without anesthetics. M. Kocher has succeeded in twelve cases of dislocations, varying from three weeks to four months old. In one case, where the bone had been displaced for eight weeks, he fractured the shaft of the humerus in attempting the reduction, and six weeks later, when the bone was united, failed again. The patient was seventy years of age.

We believe that this method of reduction is worthy of far more attention than it has yet received. We have seen it employed and with very satisfactory results.

CONVALLARINE.

Professor Germain See has brought to the notice of the Academy of Medicine a new substance, which promises to be of great therapeutic value. It is an alkaloid extracted from the *Convallaria majalis*, or the lily of the valley. This new alkaloid has been discovered by Dr. Hardy, an eminent chemist, who also discovered the alkaloid from the jaborandi, to which he gave the name of "pilocarpine." Convallarine, the name of the new substance, has been experimented with by Professor See at the Hotel Dieu, in conjunction with Dr. Hardy, of which hospital the latter is *chef du laboratoire*. Its therapeutic action is compared with that of digitalis, for which it may be with advantage substituted, as it has none of the inconviences attributed to digitalis. Dr. Hardy was led to make researches with this plant from the fact of its being generally used by the peasants in Russia, who employ the herb in dropsies, and in all cases requiring increased diuresis. According to Professor See, the convallarine is a powerful diuretic, and it has a marked influence on the contraction of the heart, which it regulates, while it lowers the pulse in a remarkable manner.—*Lancet*, July 15, 1882.

VERATRUM AND ARSENIC IN THE TREATMENT OF PHTHISIS.

Readers of the *Journal* will remember that Prof. Howe strongly recommended these remedies in pulmonary consumption, claiming cures of well marked cases from their continued use His statements were disputed on general principles, *i. e.*, that Veratrum was neither expectorant, stimulant, nor tonic, but a sedative or depressant, and arsenic—well, arsenic was the next door neighbor to the Devil. Then the treatment did not stand the test of experiment, cases in the advanced stages being selected for the

trial. Physicians have a habit of testing new treatment upon patients who have run the gauntlet of medicine.

But there is something in this method, if it is tested fairly in the early stages of the disease, and we can account for the curative action of both remedies in a rational way. The marked symptoms of a tuberculosis are: a frequent pulse and a high temperature. So long as the pulse remains frequent and the temperature high, the disease progresses; when they come down the disease goes slowly, or stands still. Veratrum lessens the frequency of the pulse, reduces the temperature, and instead of being depressant, it improves every function. Arsenic in small doses is a *vital stimulant*, improving the appetite, digestion, blood-making and nutrition.

I have had three patients upon this treatment for the past two and three months. In one case the thoracic pain, cough, and fever are entirely gone; pulse normal, appetite good, gaining flesh and strength steadily, and the small blowing sounds have disappeared from the apex of the left lung, where they were marked. In the second case the girl had a pulse of 120, a temperature constantly above 100°, a persistent cough, thoracic pain, hectic fever, no appetite, and was very thin in flesh. There were marked evidences of tubercular deposite in apex of left lung, with small whistling sounds extending to the right lung.

Now after two months' treatment, the pulse is 90, the temperature normal, appetite good, gained six pounds in weight, cough much better, whistling rales have passed away, and she can walk a mile without trouble. In the third case, I cannot report such success, but yet there has been some improvement.

It is worth our while to examine the different plans of treatment, and see their rationale. But it will be a great mistake if we expect to cure consumptives in the advanced stages.

TANNATE OF CANNABIN AS A HYPNOTIC.

Dr. Fronmuller, of Furth, reports some experiments he has made with this drug, and observes that the dose of the tannate ranges between gr. ii and gr. x, the most frequent dose being gr. v. The drug was used fifty-seven times in hospital, and six times in private practice. The patients consisted of twenty-one men and forty-two women. Forty of them were suffering from phthisis, the remainder had different diseases, generally of a chronic nature. The common symptom in all cases was insomnia, and it was for its hypnotic effect that the cannabin was given. Good results were obtained in thirty-seven cases out of the sixty-three, and moderately good results in fifteen cases. It was called

a good result when quiet and uninterrupted sleep came on within an hour after taking the medicine, the patient awakening with no toxic after-effects. In twelve cases no result was produced. Many of the patients had been taking opium. From the sixty-three trials reported, Dr. Fronmuller concludes that *cannibin tannicum* is a very useful hypnotic, powerful without being dangerous, and one which does not disturb the secretions or leave unpleasant toxic after-effects, if given in proper dose.—*Pract'nr.*

CASCARA AS A LAXATIVE.

Dr. Carter, of Liverpool, in an article on new therapeutic agents, writes to the following effect concerning cascara (*rhamnus purshiana*): The fluid extract prepared from the bark of this shrub, or small tree, is an excellent remedy in chronic constipation. I have used it now for two years, and have no doubt of its value. The fluid extract is reddish brown in color, and extremely bitter. A very good method of prescribing it is in a mixture, with twice its quantity of glycerine, or one of the flavored syrups. Of this a fluidrachm should be given three times a day, and the dose be diminished as soon as its aperient action is developed. It is what may be termed a tonic aperient, and seems to produce an effect somewhat like that caused by belladonna and nux vomica united with an ordinary aperient. It evacuates the whole canal. The motion is not watery, but usually semi-solid, truly feculent in character, and voided without difficulty, and so far from causing subsequent constipation, the bowels will often act regularly after its use has been entirely discontinued. I have used it so extensively, and the testimony to its value is so unmistakable, that it would be difficult to select particular cases to prove this.—*Medical Record.*

SPONTANEOUS RUPTURE OF THE RECTUM.

A recent number of the *Revue de Chirurgie* contains an interesting article on the above rare occurrence, by M. E. Quenu. The author applies the term "spontaneous" to cases of rupture, in consequence of simple muscular effort, of all the coates of an apparrently healthy bowel. The first case of the kind was published by an English author, Sir B Brodie. M. Quenu has collected six others, one of them having been observed by himself in the clinique of Professor Richet. The records are not all equally complete. In four out of five in which information on the point is given, there was old and well-marked prolapse of the rectum. The rupture was always produced during an effort—four times

during defæcation, once during vomiting, once while lifting a heavy weight, and once in consequence of the patient's straining while the surgeon was indeavoring to reduce a prolapse of the rectum. Excepting for rectal prolapse, the patients were well prior to the rupture. The rupture in each case took place suddenly, at the moment of effort. The patient felt accute pain in the belly, with general malaise, and perceived a volumnious mass protrude from the anus. Sometimes the protrusion was preceded by hemorrhage. The general condition quickly became worse, the face pale and Hippocratic, the voice feeble, the extremities cold; the interlect remained clear. Disappearance of the prolapse immediately followed the protrusion of intestine. The straining of the patient quickly caused the expulsion of more intestine, which formed a mass hanging between the thies, and soon became conjested and inflamed. When examination is made in such cases, the relaxed sphincter commonly offers no obstacle to digital exploration, and the pedicle of the protruded swelling can be followed up to the rent in the bowel, unless the latter should be too high up to be reached. The only treatment at all likely to be of service, of course, is the reduction of the mass. This is very difficult. In two cases laparotomy was performed and the bowel pulled up. In another the protruded intestine was opened and evacuated of fæces and flatus. After the protruded intestine has been reduced, the rent in the rectum should be sutured. If it be possible to reduce the intestine *per rectum*, the laceration may possibly be also sewn up in the same way; or the rectum, if previously prolapsed, may be pulled down and then stitches put in. We would remark, with reference to this proceeding, that in the present day laparotomy is not so dangerous a proceeding as it was in the days when some of the cases which M. Quenu quotes occurred; and hence that probably now, in the presence of so grave an accident, few surgeons would hesitate to open the abdomen, pull up the prolapsed bowel, and suture the wound. To elucidate the pathogeny of this accident, M. Quenu has made experiments to ascertain the resistance which the rectum offers to a bursting force. Having stitched up the anus, he pumped air into the rectum, measuring the pressure. He found that the rectum would bear, without giving way, a pressure equal to that of a column of mercury sixty centimetres high (about twenty three inches). When the pressure passed that of seventy centimetres, the peritoneal coat began to crack, and the other coats followed. We may add that Schatz has shown that the ordinary pressure within the rectum is equal to that of a column of mercury from twenty-five to thirty centimetres high, and that it sometimes rises to that of fifty centimetres of mercury. He also tried by forcing

injections into the veins to rupture the rectum; but the anastomosis was so free that this result did not happen, and, moreover, at a pressure of forty to fifty centimetres, the vein burst in the meso-rectum. The explanation which M. Quenu holds as probably correct, is that the rupture takes place in a bowel in which the veins are varicose, its walls conjested by prolapse, and softened by infiltration of leucocytes and inflammatory effusion. He points out that in the three recorded cases of spontaneous rupture of the œsuphagus, one occurred in an immoderate drinker, and the other two were preceded by vomiting of blood; from which he concludes that the condition of the œsophagus in them probably resembled that of the rectum in the cases under consideration. —*Med. Times and Gazette*, August 5, 1882.

JABORANDI IN THE TREATMENT OF PLEURISY.

Dr. Dufour relates the case of a child, six years of age, suffering from double pleurisy, in which excellent results were obtained from the use of jaborandi. Several blisters had been applied without result, and at the end of two weeks the symptoms were so serious that it was feared that the effusion would become purulent. One drachm of jaborandi was ordered to be gived in infusion. The half of this amount had hardly been taken when the child broke out into a profuse perspiration, but without ptyalism. Dr. Dufour believes that pilocarpine always causes salivation, while jaborandi produces sweating alone. On the day after the administration of the drug the effusion had disappeared, and respiration was normal. The patient went on too a good recovery. —*Journal de Medecine de Paris*, August 12, 1882.

PERINEAL CALCULI.

Dr. D. Moliere (*Journal de Medecine de Paris*, August 12, 1882) relates the history of three cases of perineal calculus. The first patient had had two attacks of gonorrhœa, followed by a stricture. Internal urethrotomy was performed, and the patient was discharged. Three years later he returned to the hospital, suffering from an abcess of the perineum. This was incised and found to contain urine and a quantity of gravel. The second case occurred in a man, thirty-five years of age, who had never had gonorrhœa. A perineal abscess formed and opened spontaneously giving exit to a calculus the size of an egg, and weighing forty grammes. The only ascertainable cause for the formation of the calculus was a blow on the perineum with the but end of a musket twenty-five years before. In the third case their was a urinary abscess, the cause of which was stated to have been a fall upon the buttocks forty years previously. The fall was followed for a

time by difficult micturition. The abscess was opened and found to be filled with a quantity of degenerated pus. Two calculi were removed, one the size of an almond, the other smaller. There was no history of a previous gonorrhœa. The slow formation of perineal calculi is well known, cases having been recorded in which the period of development was fifty years, but those of traumatic origin are rare.

DAILY VARIATIONS IN STATURE.

Dr. Merkel states that the height of an individual after a night's rest, measured before rising from the bed, is two inches greater than it is in the evening, measured standing. There is a gradual diminution in height, caused by the yielding of the plantar arches and of the intervertebral discs; and a sudden diminution, when the individual rises, occurring at the articulations of the lower extremities. The sinking at the ankle is one-third inch; at the knee, one-twelfth to one-eighth inch; at the hip, two-fifths inch. The shortening at the knee is probably due to the elasticity of the cartilages. At the hip there is, in addition, a sinking of the head of the femur into the cotyloid cavity.—*Journal de Medecine de Paris*, August 12, 1882.

TINCTURE OF CARDUUS MARIANUS IN HÆMOPTYSIS.

Dr. Lesénevitch has employed the tincture of carduus marianus (milk-thistle) in five cases of hæmoptysis. The dose is fifteen to twenty drops in a teaspoonful of water every two hours. In three of his cases, in which there was consolidation at the apices, the blood in the sputa was greatly diminished in quantity after six doses, and had entirely disappeared at the end of two days. Digitalis, the mineral acids, and ergot had previously been tried without success. In two other cases, in which cavities existed, no improvement followed the administration of the drug for three days, while ergot subsequently given arrested the hemorrhage in thirty-six hours.—*Journal de Medecine de Paris*, August 12, 1882.

NORWEGIAN METHODS OF DEALING WITH CONTAGIOUS DISEASES.

The sanitary organization of Norway was fixed by the law of May 16, 1860, which provides that each district, urban or rural, shall have a board of health, to consist of the district physician, an engineer, one of the magistrates, and three citizens. When a parent or householder has in his residence a case of contagious or

malignant disease, he must report the fact at once to the president of the board of health. The attending physician is also required to report such cases.

When the board of health considers that the safety of the community is menaced by the presence of contagious disease, it has very great power of interference. It can divide the district into sub-districts, and place any of these under special supervision, can appoint physicians, establish temporary hospitals, and, if necessary, take any building for a hospital, the damages being fixed by a special jury. Each board prepares rules and regulations, which, when approved by the king, become law for that particular district. Taking Christiana, the capital, as a specimen, we find that these rules require physicians to make a daily report of the specially dangerous diseases, including small-pox, cholera, typhoid fever, typhus, scarlet fever, measles, puerperal fever, erysipelas, diphtheria, and dysentery.

The city has the most ample hospital accommodation for each class of the sick. The hospitals for small-pox, cholera, typhus, scarlet fever, measles, being each separate and distinct, besides a hospital where persons suspected of having contracted a contagious disease can be kept under observation without exposing them to danger.

When a case of contagious disease is notified, the physician attending may advise his removal to hospital. In this case an order is at once issued, and the sick man is at once taken to the hospital, his clothing, bedding, etc., are disinfected by dry heat, and the room is disinfected by burning sulphur.

In case of typhoid fever, the privy vault, if there is one, is emptied and disinfected. All this is done under the supervision of the city physician of the ward. If the attending physician does not desire the removal of the patient to hospital, he confers with the city physician or health officer, who has discretionary powers. In case of small-pox or typhus, it is rare to permit the patient to remain out of hospital.—*The Sanitary Engineer*, October 5, 1882.

A NEW REMEDY FOR CHRONIC DYSENTERY.

Koroniko, from *veronica parviflora*, is reported by Dr. J. Jardine ("Chinese Customs Rep.") as a potent remedy in cases of chronic dysentery, varying in duration from six weeks to four years, and in which from twenty to thirty motions containing blood and mucus were voided daily. Fifteen doses of tincture of koroniko reduced them to one-half, another fifteen doses reduced them to three or four daily, and a third like quantity effected a complete cure. Koroniko seems to be the vulgar name adopted in New Zealand for the plant.

EDITORIAL.

"In things essential, unity; in things doubtful, liberty; in all things, charity."

RETROSPECT AND PROSPECT.

It is not a meaningless nor a merely formal custom, this one that the world has fallen into, of pausing at the end of the old and beginning of the new year, and devoting a moment to sober retrospect and prospect. As the traveler reaches the summit of the mountain, up whose rugged side he has toiled, it is but natural that he should pause for an instant and look back at the way he has come and the point in the dim distance from which he set out. And however joyous or joyless the journey may have been, there is a touch of regret and a tinge of melancholy in this parting look, because he knows he shall uever tread that path again. It is the pathos that pertains to all things past—a pathos which is none the less real because the way before him seems fair and full of promise.

So we, standing now upon this watershed of time, and looking behind and below us at the progress of a year, see much over which to pause and ponder ere we set our faces to the future. We see a year big with events of great import—one which shall ever remain memorable in the record of years; we see rare and marvelous phenomena in the heavens; we see great lights of learning and literature go out and none to take their places. Besides all this we see a condition of comparative peace and prosperity throughout the world. No great and grevious famines or pestilences have brought woe and devastation to it. The strides of science have been strong, steady and straight, and taken as a whole the year that has departed has been a good one with many causes for thankfulness.

With this number, the JOURNAL enters upon its third year, and without wishing to sound its own horn too vigorously, it can say that the success accorded it is at least gratifying. Its favorable reception by the profession, the trade and others, proves it to have reached the goal of usefulness. Its aim, as already set forth, is to "hold up the hands" of those who are earnestly and honestly striving to further the cause of a liberal and reasonable medicine, and to draw into a closer union the men of our faith throughout this broad land, and particularly in New England. Our connection with the JOURNAL dates back only to June last. We came to the service with but little knowledge of the task we had undertaken; with serious misgivings, and uncertain of the reception

we would meet at the hands of the profession, sure only of the zeal and energy we could bring to the task. Comparing our present with our condition even six months ago, we can safely say that we have surmounted the difficulties, financial and other, that then beset us, and can announce a degree of prosperity sufficiently pronounced to ensure a continuance of our work. Our subscription list has largely increased, and as a rule, subscribers have been prompt in remitting.

With prosperity in our temporal affairs, what cause is there, brother, for discouragement or the dumps? The view backward should only inspire us anew for whatever may be before us. Away then with vain regrets; let us face forward, taking up the journey with quickened steps, a manly will, and a firm trust that He who led us through the Old Year will safely conduct us through the New.

POULTICES, BOILING HOT!

At a recent meeting of the Boston Eclectic Gynæcological and Obstetrical Society, the discussion turned for the moment upon the homely but time-honored topic of poultices as external applications in peritoneal inflammation, and various were the compounds proposed and the methods of preparing them. The subject is confessedly an old and apparently trivial one, and yet the poultice is oft times a most useful thing. When employed, as they sometimes are, solely on account of their moisture and temperature, which they all contain in greater or less degree, we doubt if anything will please better than the linseed meal, a little olive oil being added as a substitute for the natural oil which has been removed by expression. More frequently, perhaps, they are employed, in addition to the above properties, on account of certain peculiar active remedies contained in them—the phytolacca being a notable example. No doubt the onion does, as was suggested, make a *stronger* poultice, and is often very useful, but *strength* is not always the only nor the chief consideration either in poultices or—butter. Dr. Brunton has recently given some excellent points on this subject in the *Practitioner*. Where warmth and moisture are desirable, as in surgical practice, it is the English custom to use the linseed meal and oil spread upon tow and applied directly to the desired spot, as in ulcers, abscesses and wounds, but in cases of inflammation within the thorax or abdomen, or in "cramp" there is a better form of application. In such cases a flannel bag should be made, about twelve inches by eight being a convenient size, which is closed on three sides, the fourth having a flap; a tape being attached to each of the four corners. A strip af flannel long enough to wrap once or

twice around the bag is also prepared. The bag, flannel, and a bowl, are then to be thoroughly heated. The poultice is made of crushed linseed, and rather thin. It is poured into the bag, the flap turned down and tied, and the flannel band wrapped about the whole. In this manner a poultice may be applied boiling hot to the skin and without injury. A layer of cotton batting, oiled silk, or rubber gauze, will do much towards retaining the heat. The difference in effect of a poultice made in this way, and one made after the ordinary fashion, is often very striking, particularly were spasm is present. Intense abdominal pain is often at once relieved by this form of poultice, when a succession of the ordinary ones has been used in vain. This simply illustrates a fact which we would do well to keep more prominently in mind, viz.: that while seeking for new remedies and modes of treatment, we should seek also to know more fully those already at our command.

OIL OF PEPPERMINT IN NEURALGIA.

The article in the December impression concerning the above, and entitled "A Chinese Panacea," has given rise to excited comment in certain quarters. We quote the following from an exchange:

"This remedy is by no means novel since it has been employed for many generations at least in China and Japan. Now and then green glass vials, containing some drops of peppermint oil from China, are to be had in stores where oriental goods are sold, and many persons who have bought them for the relief of headache and neuralgia, certify to the rapid relief which follows the drawing of a needle wet with the oil across the forehead or the painful spot. Dr. Meredith recommends this oil as an external application for allaying the neuralgic pain which generally precedes the eruption in herpes zoster (shingles). He has used it with great relief to the patient. even when the eruption was fresh and florid. He thinks that the value of this remedy in relieving neuralgic pain deserves to be better known."

So do we, and that is why we inserted what we did. We made no claim to originality; in fact we expressly stated that it had long been in use by the Chinese. We only desired to call the attention of our readers to it. "Behold how great a fire a little matter kindleth."

PROFESSOR JEANCON'S LATEST WORK.

We have received the prospectus of a new work on Pathological Anatomy, by Prof. J. A. Jeancon, of the Eclectic Medical

Institute, Cincinnati, who is personally known to many of our readers, and also known as the author of an admirable "Atlas of Human Anatomy." It is to consist of one hundred full page royal folio colored lithographic plates, representing the various lesions and changes in the normal tissue, seen *post mortem*, and an equal number of pages of text. We regard it as one of the most valnable of recent additions to medical literature, and especially of the eclectic school. To make it accessible to all, it has been divided into twenty-five parts. Each part, containing four plates and four pages of text, may be had for $1.00 from the Progress Publishing Company, Cincinnati, O.

GARGLES AND ICED FOOD IN THROAT AFFECTIONS.

With respect to the value of gargles, considerable difference of opinion exists, as was manifest at a recent meeting of the District Eclectic Medical Society, when the subject was incidentally referred to, and it is, as yet, an undecided point as to how far they penetrate. No doubt this depends not a little on the skill of the patient and the practice he has had in their use. M. Guinier, and others, have instituted some very nice experiments, using a solution more or less glutinous in character, which adhered to the parts with which it came in contact. In this way they demonstrated that while now and then a patient by much practice acquires the ability to allow a gargle to even enter the larynx and come in contact with the vocal cords, used in the ordinary way, they seldom, if ever, go behind the anterior pillars of the fauces. They are, nevertheless, of some value as mouth washes, even if their field of action be as limited as it generally is; and, inasmuch as some can extend their action, their value in such cases will be proportionately increased. They are contra-indicated where actual faucial pain exists. In young children their use is usually impossible, and as a substitute it is an excellent plan to have the drug expected to exercise a local effect, combined with white sugar or other convenient vehicle and placed on the tongue. Dissolving gradually, the full topical effect will be produced and the constitutional effect enhanced. This is of course only available for remedies that may be swallowed with impunity, and are not of a nauseous character. Wyeth's compressed tablets of chlorate of potash are very convenient for such use. In cases where we would wish the real or fancied effect of gargles i. e., pharyngeal disease, tonsilitis, and the "sore throat" of scarlatina and diphtheria, ice is a remedial agent of great value. Nothing is more agreeable, generally, for adults than

simple block ice, but it is somewhat difficult to administer to children, who, owing to the pain in deglutition, are unwilling to exercise that function. In such case we have found it of great service to ice the food. A simple mixture of egg, milk, and sugar, uncooked and iced will be taken with avidity, and is serviceable both as a nutrient and a remedy.

IN YE OLDEN TIME.

Those opposed to vaccination expatiate upon the danger of infection with various foul disorders thus encountered, but for our part we believe we would rather take the chances of that than submit to the preventive measnres hinted at in the following certificate which a professional neighbor, recently nosing around in the Old South Church in this city, copied from its records:

Boston, August Ye 13, 1776.

These certify that Ebenesor Stimpson has been so smoaked and cleansed as that in our Opinion he may be permitted to pass into the country without Danger of communicating the small-pox to anyone.

John Scollay, Nath'l Appleton, } Selectmen of Boston.

We regret to learn that Dr. H. W. Buxton, of Worcester, lies seriously ill at his residence in that city. He is one of the pioneers of eclectic medicine in New England, and a man of spotless character, moral and medical. Our readers will unite with us in wishing him a speedy restoration to health.

We are informed that Prof. Scudder's new work on Materia Medica is so nearly completed that one-half is already stereotyped. Those of us who are familiar with his previous works, will await its coming with some impatience, expecting something of far more than ordinary interest.

ACUTE SORE THROAT.

Acute sore throat—popularly so called—in some of its forms is a more or less frequent ailment at all seasons of the year in New England, and especially so during the late autumn, winter, and early spring months. Certain of these cases recover without any medication, while certain others are obstinate and require

skill and tact on the part of the physician, and patience on the part of the sufferer; and he who affords relief the most quickly and pleasantly acquires the practice. Consideration of the subject at this time will, therefore, at least be seasonable.

These attacks come on as a pharyngitis, which is frequently complicated with inflammation of the fauces and posterior nares, and sometimes tonsilitis. They are usually a form of "cold," and the fever is simply symptomatic of the local inflammatory action. There is, however, a form of pharyngeal inflammation which is preceeded by fever for a day or two, and is evidently epidemic in its character, the fever being the primal factor of the diseased condition.

In diagnosing the above conditions there can be but little difficulty, unless where tonsillitis complicates and the pultaceous deposit is taken for the fibrinous exudation of diphtheria. But it is to be remembered that the deposit in tonsillitis is prominent, roughened, and dips into the follicles, and can not he removed in patches like the diphtheritic membrane. On the other hand the diphtheritic exudation, is a firm, fibrinous membrane, and if removed comes off in strips.

The treatment in these attacks should be prompt and pronounced, and the sheet anchor is the local application of a warm vapor where it can be used. Hops immersed in warm water should be inhaled frequently and freely. The simplest apparatus, such as a cup over which the mouth and nose—if the nasal passages are affected—can be held, will answer the purpose. The same vessel over which an inverted tunnel is placed makes a very good inhaler. If the pulse is small and rapid give tinct. aconite root, min. x; tinct. phytolacca, min. xx; glycerine, ʒ ii; water, ʒ iijss. M. A teaspoonful every hour for an adult, graduating the dose for children. If the pulse is full, substitute the tinct. veratrum, min. xx, for the aconite, giving for the first dose ten minims of the veratrum. Should there be much pain in the muscles in the beginning, a tub bath at 100° to 105° F., to which an handful of sal. soda has been added, will prove very comforting and beneficial to the patient. If the attack is accompanied by a chill, a dose of from five to ten grains sulphate of quinine is advisable. Where there is severe headache give tinct. gelseminum, min. v to x once in four hours. When the throat is very dry, use the mucilage or crystals of gum acacia frequently. For the dry, hacking cough, use tinct. aconite root, min. x; tinct. ipecac, min. v; glycerine, ʒ ij; water, add ʒ iv. M. A teaspoonful every hour or two.

In those cases where the fever precedes the local inflammation, the warm bath and soda, the aconite or veratrum mixture will be

indicated, and the quinine, if there be a chill, to be followed with the vapor as before suggested. Should tonsillitis supervene, in addition to the treatment for pharyngitis, apply hot poultices made from flaxseed meal and hops, moistened with dilute cider vinegar. If much prostration accompany or follow the attack, the quinine should be continued for several days.

A nutritious diet consisting of milk, eggs, and beef tea should be given to support the patient, and in the severer forms of tonsillitis, rectal feeding is not to be omitted.

C. E. M.

CORRESPONDENCE.

THAT CASE OF ARDOR URINÆ.

Editor Mass. E. M. Journal:

J. S. G.'s report of an obstinate case of "ardor urinæ," and his desire to find a remedy for it, has probably reminded many a practitioner of similar cases and like desires in his own experience; and if all the mental suggestions that have been made in answer to his inquiry were to be published, I suppose the January JOURNAL would hardly contain them.

In seeking the remedy for a given case of "ardor urinæ," it is to be kept in mind that the vexatious phenomenon manifested is the sympton of some pathological condition, and that it is of the first importance to learn what that condition is, else we prescribe in the dark, and altogether empirically. Sometimes an highly alkaline or acid urine may give rise to the most distressing ardor urinæ. In the case referred to, however, the results of treatment would indicate that neither of these conditions could have existed. There may be a nervous irritability of the urethra that is the source of all the mischief. If so, then the tincture of stramonium in two or three drop doses to the tablespoonful of water once in two or three hours will often prove curative; the tincture of pulsatilla, one-quarter drop added to the above is also very efficient. The tincture of eryngium aquaticum in drop doses is an admirable remedy for the nervously irritable urethra.

An inflamed urethra is usually accompanied by ardor urinæ, and the latter can not be cured until the former is restored to its normal condition. The tincture of belladonna, mucillaginous drinks, tincture or decoction of the triticum repens, vapor baths medicated with hops, and local fomentations are among the remedial agents for this condition. Sometimes the local application of the cold decoction of hydratis canadensis, either by the syringe or probang, will effect a cure when all other means fail.

Vaginitis, and again an acrid leucorrhœal discharge will provoke the disease under consideration, and it will not yield to any treatment until the exciting cause is removed.

It is too often forgotten or overlooked, that the displaced womb may cause inflammation of the urethra, and intense suffering during micturition. A case of this kind in a virgin, with unruptured hymen, came under my care the last year. The *retroflexed* womb was restored to its normal position and kept there by a Hodge's pessary, and both diseases were cured after a few months treatment.

Another, a very frequent cause, is the urethral caruncle, and when it occurs in the virgin, even if suspected, may be suffered to exist for a long time, on account of the delicacy of the medical adviser, or the modesty of the patient in not allowing the proper investigation. It is important, however, when ardor urinæ resists the usual remedies for any length of time, to make a positive diagnosis as to whether or not this be the real nature of the difficulty. If such be the case, then a resort to the application of the nitric acid, the strongest solution of carbolic acid, or the clipping by the curved scissors is to be considered.

To point out a remedy for this particular case of ardor urinæ, has not been attempted, but the remedies to be prescribed for certain conditions, but not all, have been suggested, and also the importance of an accurate diagnosis of the pathological state which gives rise to them.

C. E. Miles, M. D.

BOOK NOTICES.

Essentials of Vaccintion, by W. A. Hardaway, M. D., Professor of Diseases of the Skin in the Post Graduate Faculty of the Missouri Medical College, St. Louis. Chicago: Jansen, McClurg & Co., 1882. Price $1.00.

In these days when bitter and pesistent opposition to vaccination is made, and by a class of otherwise intelligent people, physicians should thoroughly inform themselves and their patrons upon this subject. This little volume in its ten chapters contains just what the general practitioner should know, for it is a *resume* of the essential facts. Beginning with vaccination and inoculation; animal pox and particularly vaccinia in the cow; its communicability, differentiation, and its relation to variola in man are interestingly considered. The Symptoms, Course and Deviations of Vaccinia in the Human Subject and its Complications,

also receive attention, while directions, clear and definite, are given as to how often re-vaccination should be performed, and methods of storing and preserving the virus. The author gives evidence of careful research, aud one cannot read without profit to himself. The beautiful typography reflects great credit on the publishers, and adds not a little to the value of the work.

What to Do in Cases of Poisoning, by W. Murrell, M. D., M.R.C.P. Pocket edition, cloth embossed, $1.00. Detroit: Geo. S. Davis, 1882.

"Nothing could be more painful than to be called in a case of poisoning and not know what to do," as the author justly remarks. He who carefully reads this little work, which is now in its second edition, and gives short and concise directions how to counteract or treat the various poisons, will never be at a loss what to do in such emergent cases. After pointing out the mechanical means—antidotes and their doses and action are given. This is followed by poisons, alphabetically arranged, with full treatment for each; and last but by no means least—the fatal dose. The book cannot but be useful, giving information that will avail in what might otherwise be an hour of severe trial.

The American Practice Founded on Pathology, by I. J. M. Goss, A. M., M. D., Professor of the Practice of Medicine in the Georgia Eclectic Medical College, author of "Materia Medica," "New Remedies," etc. 8vo.; 700 pp. Price, in cloth, $5.00; in sheep, $6.00.

This book is not for sale by the trade, and can only be obtained of the publishers and their authorized agents.

Table of Contents.—Diseases of the Blood, Respiratory Organs, Heart, Digestive Organs, Intestinal Canal, Liver, Spleen, Kidneys, Bladder, Generative Organs, Spine, Motory Apparatus, Osseous System, Nervous System, Skin, Scalp, Head and Brain, Eye, External Ear, Nose, Face, Within the Mouth.

"Although I was educated in the Universities of Philadelphia and Georgia, and there taught the time-honored system of Paracelsus, I have not allowed any exclusive dogmas to govern my judgment, either in practice or theory. I have tried to steer between extremes on all sides, and have in all cases advised that treatment which I have found successful by experience."—*Extract from Author's Preface.*

This work will be sent post-paid to any address, upon receipt

of price, by S. M. Miller, M. D., Medical Publisher, P. O. Box 1918, Philadelphia, Pa.

Doctor Goss is so well known to our readers that no word of commendation from us is necessary. Add the book to your library at once. It is a brilliant and exhaustive treatise on the New Remedies and their specific therapeutics.

Nitro-Glycerine as a Remedy in Angina Pectoris, by Wm. Murrill, M. D., M. R. C. P. Detroit: Geo. S. Davis. 1882. Cloth, embossed in gold, heavy toned paper, price $1.25.

Rarely has the introduction of any remedial agent been met with such wide-spread incredulity as nitro-glycerine, and yet, in angina pectoris, for which it is especially recommended, we know it to be a remedy of great value, having seen it extensively used and with marked success by Dr. Sansom at the London Hospital. The disease is an obstinate one, and treatment heretofore proposed has not been very satisfactory. It was mainly through the experiments and efforts of Dr. Murrell, the author, that this remedy was introduced, and as this book gives full details of these experiments, on himself and others, together with all particulars as to use and effects, it will prove both of interest and profit to those seeking to extend their knowledge of the subject.

Other Publications Received.

A valuable addition has just been made to "Van Nostrand's Science Series," by the publication of a work on "*House-Drainage and Sanitary Plumbing*, by Wm. Paul Gerhard, Civil and Sanitary Engineer." The author has long held a prominent place in sanitary science, and a work from his pen can be relied on as a standard authority. The subjects treated in this work are presented in a concise and practical manner, and a perusal of the book cannot fail to benefit not only Boards of Health and physicians in general practice, but all intelligent householders. Wm. Paul Gerhard, and Col. Geo. E. Waring, Jr., with whom he is associated, have made a study of house-drainage, and carried on a series of scientific experiments for many years, and the method of house-drainage recommended in this book is the result of their experience, although other eminent authorities are quoted. The price of the book is only 50 cents, and it can be procured from D. Van Nostrand, 23 Murray Street, New York, or ordered through any bookstore.

The Opium Habit. Its Successful Treatment by the Avena Sativa, by E. H. M. Sell, A. M., M. D. Reprint from the Medical Gazette, New York.

A very interesting paper, giving full details. B. Keith & Co., 41 Liberty Street, New York, will send it to you gratis. See our advertising pages.

Remarks on Pasteur's Discoveries in Disease Prevention, by J. Dobson, M. D., F. A. S. Published by the Fairfield Job Print Co., Fairfield, Conn.

An able and interesting discussion of a subject being much discussed, by an eclectic author. Send for it.

Observations on Ovarian Tumors and Ovariotomy with Illustrative Cases, by E. Younkin, M. D., Professor of Surgery in the American Medical College, (Eclectic) St. Louis. Reprint from American Medical Journal.

Prof. Younkin is well known to most of our readers as an able surgeon, and this monograph will be read with interest.

MISCELLANY.

Diagnosis of Spurious Heart Murmurs.—Dr. Rosenbach (*Transactions of the German Medical Congress*, 1882) recommends the following simple procedure to determine the pneumocardial nature of any murmur: Firm pressure is made with the tip of the finger in an intercostal space at the point of maximum intensity of the murmur. In this way the portion of lung in which the murmur is produced is pushed away from the heart, and the heart itself is also pressed back, and is prevented from transmitting its pulsations to the lung with force sufficient to give rise to a murmur. The spurious, extra-cardiac murmurs are thus greatly weakened or entirely suppressed, while no effect is produced upon the true cardiac murmurs.

Disease of the Sexual Organs in Insane Women.—Dr. Danillo examined 200 insane women, and found that 162, or eighty per cent., were suffering from various diseases of the sexual organs. Out of 140 menstruating women, between fifteen and forty-two years of age, only 20 were without some uterine anomaly. Out of 60 women who had ceased menstruating,

between forty-two and seventy-five years of age, 18 were the subjects of some affection of the genital organs. Acute and chronic endometritis and metritis were most frequently observed; less frequently, displacement of the uterus, dysmenorrhœa, acute and chronic ovaritis, and other diseases. The above results show that the complication of psychosis with uterine disease is a frequent occurrence, and of the greatest clinical interest.

Luxation of the Jaw.—The late Professor Gibson used to tell a good anecdote in regard to luxation of the jaw. "An old and quite wealthy man came into the office of a surgeon, with a luxation of the jaw, and made motions to have it reduced. The jaw was reduced, and on being asked the fee the doctor mentioned an amount which the man regarded as entirely too much, and insisted on its being reduced one-half. The surgeon said no more about the fee, but began to talk, and pretty soon told a laughable story. The man began to laugh heartily, and out went the jaw. He again made signs to have it reduced, but the doctor said, 'When you pay down my fee, I will put in your jaw.'"

Contusions of the Abdomen.—In regard to contusions of the abdomen, Dr. Lentz states that they are often very grave in their results, even when no external signs of injury are present. In such cases they are accompanied by internal injuries, contusion, or rupture of some portion of the alimentary canal. Death results usually from peritonitis, or may be due to shock conjoined with hemorrhage. If other lesions exist together with the symptoms of severe abdominal contusion, the surgeon should give his attention chiefly to the latter condition, and should abstain from any active interference.—*Revue de Chirurgie*, August, 1882.

The Liver-Pad Outdone.—An exchange tells of a doctor in Iowa who has invented an anal pad, by which the fæces are changed into gas, and the gas is deodorized, purified, and burned as a chamber light. It acts on the same principle as a liver-pad, and if worn over the mouth sweetens the breath, prevents cursing and swearing, and destroys the appetite for tobacco.

Burnt Alum in Ague.—Baboo Brojendra Nath Banerjee (*London Practitioner*, August, 1882) states that this is a very cheap, easily procurable, and efficient anti-periodic medicine. The value of alum is chiefly marked in cases of fever in which the attacks come on with clockwork regularity. It usually fails in irregular types of intermittent fever. Two doses are generally sufficient to complete the cure. Eight grains of burnt alum are to be given in each dose. The first dose is to be given three

hours, and the next an hour before the expected attack of fever.

Alum may prove an efficient drug for killing the bacilli of malaria, but there seems to exist an inherent potency in Dr. Baboo's full name that will more effectually intimidate rampant malarial germs than any drug yet invented by medical sagacity all the world over.

To Hasten the Action of Quinine.—Dr. Starke, in *Berliner Klin. Wochenschrift*, advises that before swallowing powder or pills of quinine, a weak tartaric acid lemonade be taken. This procedure not only greatly accelerates the solution and absorption of the quinine, rendering its physiological action much more prompt, but also obviates that unpleasant gastric irritation so common after the administration of large doses of this drug.

Placental Origin of Congenital Heart Disease.—Dr. Von Hoffman records a case of congenital closure of the semilunar valve. The child suffered at birth from cyanosis, atelectasis, and great irregularity of the heart's action, and died from suffocation on the third day. The placenta had been previously examined and was found to be the seat of numerous recent and old extravasations. From these hemorrhagic foci pathological products had been introduced through villous absorption into the fœtal circulation, and had thus given rise to endocarditis. The placental extravasations had been caused by violent fits of coughing, from which the mother had suffered about the sixth month of pregnancy, which date also correspond to the beginning of the fœtal endocarditis. Von Hoffman advises the careful examination of the placenta in every case of childbirth, and believes that much light might thereby be thrown upon the etiology of diseases of the new-born.—*Transactions of the German Medical Congress*, 1882.

Urethritis in the Female.—Dr. Fissiaux relates fifteen cases, in which Dr. Leblond treated blennorrhagic urethritis in the St. Lazare Hospital in the following way: A short stilette is wrapped round with cotton-wool, covered with coal tar soap; this is passed into the urethra and retained there. It is renewed every other day. During micturition the patient prevents it from falling out by pressing it with her finger. The *rationale* of the treatment is that the tampon separates the folds of the urethra from each other, and thus keeps the whole surface of the mucous membrane at rest and in contact with the medicament.

A Hospital at Dartmouth.—The Faculty of Dartmouth Medical College have bought a lot of land in Hanover, N. H., as a site for a hospital, and are now looking around for the money wherewith to build it.

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ORIGINAL COMMUNICATIONS.

PSYCHOLOGY, PSYCHIATRY AND PSYCHAL FORCE.

BY ALEXANDER WILDER, M. D., NEWARK, N. J.

I WAS greatly pleased at the sentiment expressed by Dr. C. E. Miles in the JOURNAL of November, 1882, in regard to *Confidence in the Curative Action of Medicines*. It is correct enough for dogma, besides permitting a wider range for our thinking. The moral effect upon a patient, when the medical adviser imperiously commands the swallowing of a drug or compound, having little confidence in it all the time, is easy to apprehend. Such medicine might be of itself specific, yet the unfaith of the prescriber would be very likely to pervert the effects or render it inert. Indeed, he has done an immoral act, and is conscious of being a hypocrite, unworthy of confidence; and hence he becomes prone to speak slightingly of those who are more sincere and successful.

The worthy writer, as though to demonstrate an impregnable basis for the physician's confidence, refers us to the theory that given medicines, at all times, under similar conditions, have a like action upon the body, and hence concludes that if curative once, they will be so again and always. This is good argument, and hard to dispute, from its apparent mathematical exactness.

Nevertheless, it is not easy to feel quite satisfied; some further understanding is needed. There is a materialistic seeming to it, which tends to compress thought and forbid inquiry. I would fain search for a reason which might show why virtues exist in these substances.

An Homœopathic professor whom I used to know had the explanation for the prescribing of a particular medicine—"because it is the right remedy." It is not easy to breathe a full breath when one is so dogmatically circumscribed. I may be willing to recognize the Unknown, but hardly the Unknowable.

Van Helmont, who is in many essential particulars the Father of Modern Medicine, has a profounder conception of the matter. In certain respects he may perhaps be considered as visionary; nevertheless this is more easy to say than to show. He taught that material nature derived her forms and energies from above, and that heaven in turn received an invisible potency from below; both which outflows are in an individual. Somewhat of this sentiment pervaded his writings upon the healing art. He considered it to be in the power of individuals, through the suggestion and force of the imagination to transmit energy and properties to others, and to inanimate objects. Many herbs, he asserted, acquire through the imagination of those who gather them, an extraordinary power. This would seem to explain why certain medicines are potent in the hands of one practitioner and ineffective with others. His presence was frequently sufficient, he informs us, to cure the sick; and he further states that he not only operated on others by his will, but even imparted through it a peculiar virtue to medicines.

It is the province of the philosophical investigator to examine these matters. It may be wise enough to disregard whatever is absurdly fanciful as well as what is grossly materialistic. No discovery or phenomenon which can afford any light, however, can be honestly ignored or despised. We want a substantial foundation, and as far as practicable, a scientific reason. Our physical senses may give their testimony and the logical faculty do its proper work. Nevertheless, both are limited in their scope. "Beyond the vail of the seen," says Professor George Barker, "science may not penetrate."* He also declares that

*Address delivered before the American Association for the Advancement of Science, at its annual meeting in Boston, August 25, 1880, on retiring from the office of President.

whether a living organism be plant or animal, the whole of its energy must come from without itself, being either absorbed directly or stirred up in the food. We propose to make inquiry respecting this energy. The properties of an organism consist of it; and at the same time the hypothesis of Van Helmont is not incompatible. For example, to know disease well and prescribe for it aright, will show familiarity with physiological science; but in order to be a good and competent physiologist it is imperative to make a careful study of the mind, its functions and operations. There is something which makes the administering of medicine or other remedial expedient, more or less uncertain. It is by no means a problem of mathematical preciseness. Two patients that are apparently disordered alike are not benefitted alike by similar measures. Methods and agents which are successful in the hands of one person are liable to be unavailing with another.

In order to understand such discrepancies, it will be necessary to push inquiry farther. The mechanism of the human body will not disclose the laws which control it; nor will our chemical and empirical knowledge of drugs suffice to explain their influence upon functional activity. No intelligent individual for a moment supposes that the gases and earthy material which the manipulations of chemistry evolve from a medicinal substance are the containers of its virtues; the constituents of foods and poisons are often not greatly different. The properties pertain to the something beyond. This fundamental fact underlies them all.

In an analogous manner, the will, the moods, the emotive conditions, of an individual transform the very elements of the body, and change the properties and operations of food and medicine. Faith or the want of it is known to be all-potent. "As a man thinketh, so is he." Psychological knowledge is the complement of the healing art.

In saying this, there is not meant the disjoining of the mental and psychic from the material nature. This mundane life of ours is a condition of their interblending as a unity, and this so perfectly that many plausible arguments can be advanced to prove that the corporeal substance includes the whole. I can not go so far; I have evidence which assures me otherwise. Yet it is

necessary to consider every thing, as far as it is in our power from the scientific point of view. There are so many facilities for doing this, at the present day, that we may the more easily keep within the scientific pale. Only, we should not consent to be empounded there.

There is a theory of Psychiatry now in vogue which not only contemplates all neuroses and mental aberrations as comprised in its department, but as virtually constituting the whole of it. Many writers seem to have no other conception of the meaning of Psychological Science. It is one of the unfortunate outcomes of the materialism which to a great degree has obscured the intellectual sky.

We may not, however, doubt that insanities as well as the other diseases of the nervous system, should be regarded as phenomena closely associated with pathological conditions of the body. Indeed, I would go farther, I think, than our principal accepted authorities; making but minor account of brain-lesions and disorganization of nerve-centres of that department of the organism, but much of certain other deteriorations. Changes may occur sufficient to cause the most acute disorder, or even to destroy life, and yet be so subtile as not to be demonstrable to the senses. At a certain lunatic asylum in England, a considerable percentage of inmates, insane to all appearance while living, disclosed upon necropsy, no sign or evidence of altered brain-structure. I do not consider any hypothesis of an individual's sanity as tenable, which is based upon the fact of no discoverable affection of the cerebral substance; and I feel very certain that insanity is not a disease of the brain primarily or essentially. Physical debility is at the bottom of mental disorder, and none of the aberrations entitled insane are exceptions to this fact. The disturbance of the emotive nature is inseparable from an abnormal condition of the ganglionic nervous centres. The morbid influence upon the brain is a sequence to this, and the skillful psychiatrist will act upon that suggestion.

The nearest proposition that has come forth from the permitted sources is the hypothesis of Psychic Force. It ought to be received with welcome as a small favor conceded to the outside world of observers. Professor W. Crookes, the editor of the

London *Quarterly Journal of Science*, a man of known scientific ability and an honesty transcending it, has defined this as a hitherto unrecognized form of force, the existence of which is not a matter of opinion with him, but of absolute knowledge. As it is clearly impossible to place him under the ban of irregularity and apply the epithet of unscientific, which is a little stale in this country at least, the endeavor has been made to show that the psychic force in not derived from any ulterior spiritual source, but is inherent in the muscles and nerves of the human body. It is a curious fact, however, that this explanation corresponds pretty accurately with that of the nerve-spirit or *nervengeist*, described by the *Seherin von Prevorst*. Without commenting further on the matter, it is enough to remark that the great pains to shuffle off all consideration of the subject, to ridicule and hiss down every evidence, and to exclude it from the scientific circle, indicate fear and moral cowardice rather than a manly love for real knowledge. There are breaches in the wall, however, and the light will shine through, bedimming the lustre of all the candles. The force inherent in nerves and muscles is essentially a part of the selfhood of the individual, and this fact carries our study of physiology over inevitably into the realm of psychology.

Human science and medical learning in particular, will not be complete, or even practical in character, except with this culmination. Nor is it in any legitimate sense a novelty or a new departure. Ancient teachers of the healing art all recognized it as the essential principle, to which their methods were subordinate. It is no more visionary to accept this doctrine, than to recognize the fact that the human body holds together while pervaded with life, and dissolves after that agency disappears.

The late Professor John W. Draper distinctly affirmed that there is a psycho-physiological science. "There animates the machine a self-conscious and immortal principle—the Soul," he declares. "In the most enlarged acceptation, it would fall under the province of physiology to treat of this immortal principle." The place for such instruction is in the medical curriculum. The practitioner must know his art or he is liable to failure in his endeavors. That art depends upon the science that exists behind it, and yet more upon the philosophy that embraces all knowledge

and sets it in order. It is the proletarian of leechcraft that ignores this and is wedded to the drugs and routine of the medical trade. The liberal physician perfects his knowledge of disease and the means for its remedy, by researches into the depths and explorations into the zenith of anthropological learning. He does not hesitate to discern the spirits as well as the ashes. Life is more than a tale told by an idiot, full of sound and fury signifying nothing. It is a drama rehearsed in a temple, with all the denizens of the universe for an audience. It everywhere depicts the sublime discontent which impels the soul. If psychological study evolves religion as well as philosophy, what matters it? The theories, the trend of which is to dethrone and embrute man are so many attempts to despoil him of his heritage. The animals of a higher order always employ those parts of their nervous structure which are superadded to those of lower races, subordinating the inferior to the nobler. So may the expert in psychological lore be authorized to transcend the methods which are most esteemed by those who have not became matriculants into the school of profounder knowledge. Indeed, it will be perceived by the intelligent, that this is science and technic, and not the romance of medical learning.

565 Orange Street.

A CONTRIBUTION TO THE TREATMENT OF INTRA-UTERINE INFLAMMATION AND PASSIVE HEMORRHAGES.

BY DAVID WARK, M. D., NEW YORK CITY.

The advances in therapeutics during the last few years have been of a very encouraging character, and give promise of still greater triumphs in the near future. We have much pleasure in bringing to the notice of the profession a remedy by the use of which curative results of an unusually brilliant character can be obtained in certain cases of uterine disease that have hitherto well-nigh defied the best directed efforts of the most skillful gynæcologists.

In order to render apparent to our readers why such notable effects necessarily attend the use of the remedy here advocated,

a sketch of the anatomical structure of the mucous membrane investing the uterine interior will be necessary.

Except at the orifices of the fallopian tubes and at the os-internum, the mucous lining of the uterus is very much the thickest membrane of its class in the human body, constituting about one-fourth of the whole thickness of the uterine walls. It is composed mainly of tubular glands that opening on its free surface extend through its whole thickness, ending in a *cul-de-sac* at the underlying uterine muscular tissue; to which the mucous membrane is firmly attached. It is therefore essentially a glandular structure, and is moreover very vascular, becoming specially so at the approach of, during, and for a few days after the menstrual periods. It is obvious that when such a membrane becomes inflamed, its density, volume, and vascularity present obstacles to its cure of a very grave character. The recorded results of treatment obtained by the means hitherto employed even by the ablest specialists amply corroborate this statement. Professor Thomas writes concerning the disease named by him, "Chronic Corporeal Endo-metritis": "Even if the case is not of a very serious character and has lasted only a short time the possibility of rapid recovery is doubtful, while if it has continued for a number of years it will often prove incurable." Professor Scanzoni says in speaking of substantially the same disease: "As for ourselves we do not remember a single case where we have been able to cure an abundant leucorrhœa of several years standing."

The use of the corrosive chemicals employed by these eminent specialists in cases of intra-uterine inflammation is candidly admitted by them to be a failure. We feel justified in going farther and stating that such treatment is usually productive of grave injury to the patient.

She is always conscious of an aggravation of her sufferings directly after the use of the remedies in question. The influence of a caustic applied to the mucous membrane lining the uterine cavity is expended on the surface only; the deeper parts of the inflamed tissues are never reached by the curative influence of the remedy; the effects on the latter are indirectly but powerfully unfavorable. The discharge that oozes from the surface of the diseased tissue is Nature's way to keep the inflammatory process

in check; but when the mouths of the glandular follicles are sealed up by the corrosive action of the remedies now commonly used, the discharge is denied exit until the slough separates; during this time it necessarily accumulates in the follicles, distending them and causing the painful tumefaction of the uterine mucous membrane of which every patient is so conscious directly after having submitted to such treatment. As soon as the slough separates, the mouths of the follicles become free, the imprisoned discharge escapes from the deeper parts of the diseased membrane, the latter recovers measurably from the injury inflicted by the treatment, and the patient's sufferings are mitigated until the next application.

We think it may be accepted as a self-evident truth that no remedies can be curative in the diseases under consideration which expend their curative power on the surface of the morbid membrane, while the deeper tissues are indirectly injured. Curative results can be attained only by the action of a remedy that favorably influences both the surface of the inflamed membrane and the deeper parts at the same time by coming into intimate contact with the whole interior of the inflamed uterine follicles.

The extract of hemlock prepared by the Geddes Manufacturing Company of Boston, Mass., fulfils these necessary conditions perfectly. When placed in the interior of a diseased uterus it saturates the inflamed membrane by filling every follicle, thus exerting its healing influence on every part. It is not only an astringent of unusual power, but in addition possesses a peculiar tonic influence on the tissue whose treatment we are discussing. Therefore it is specially adapted to the successful treatment of chronic endo-metritis in which caustic applications have so frequently proved destructive. We strongly commend it to the confidence of gynæcologists whose experience corroborates this statement. Its application is nearly or quite painlesss, an advantage always highly appreciated by the patient.

It may be applied in full strength to the uterine cavity by means of a probe, the end of which has been wound with absorbent cotton; or a few drops may be safely deposited there with a Molesworth's intra-uterine syringe; or the extract may be dried until it attains the consistence of a soft pill mass. This done, a

bit of the remedy as large as a pea may be passed within the os-internum on the end of a uterine probe; once in the cavity of the womb it soon dissolves and exerts its curative influence on every part of the diseased membrane.

Convincing proof of the efficacy of the treatment here advocated is afforded both to the physician and his patient by the improvement promptly experienced by the latter. The best results are secured by keeping the uterine mucous membrane under the influence of the remedy almost continually during a large part of the inter-menstrual period. The application should therefore be repeated every second or third day.

In cases of inflammatory disease of the mucous membrane lining the cervix and in granular degeneration of the vaginal portion of the cervix itself, the use of the extract of hemlock with such other local and general measures as shall readily suggest themselves to every practical gynæcologist yields much better results than can be obtained by any other remedy with which we are acquainted.

The following cases will indicate the effects that may be confidently expected from the use of this valuable preparation of hemlock in passive uterine hemorrhages:

Case I.—A vigorous woman of 45 years of age, who frequently boasted that she had never required the services of a physician except at the birth of her children, began to suffer from metrorrhagia as the menopause approached. We saw her on one of these occasions after the flow had continued copiously for about a week; at this time it had lost the appearance of menstrual fluid and assumed that of thin bright red blood. As the patient began to be anemic we applied the tampon daily during the next three days; the hemorrhage was controlled as long as it was in position, but as soon as it was removed the blood quickly re-appeared and did not cease until the inside of the uterus was swabbed out with the extract in full strength. One application was effective on that occasion.

Case II.—A lady aged 35 years, the mother of two children, began to suffer from profuse menstruation which gradually increased month after month until it became a metrorrhagia so copious that her life was saved on several occasions only by the

diligent use of the tampon. This resource practically failed as the hemorrhage returned shortly after the tampon was removed. The bleeding was however controlled by the use of the extract applied in full strength freely to the bleeding surface. At the next menstrual period the normal discharge was again followed by copious hemorrhage. We then examined the inside of the uterus and discovered a small polypus, which we removed with the result of obtaining a complete and lasting cure. This case forcibly illustrates the power possessed by Geddes' extract of hemlock over passive uterine hemorrhage.

Case III.—A married lady, 26 years of age, called me to attend her during a threatened abortion, at the third month of pregnancy. She stated that this condition was brought about by herself, having voluntarily taken some drug for that purpose. We found the loss of the ovum to be inevitable and delivered her safely. The hemorrhage was not severe and ceased without the use of local measures and she made a good recovery. Menstruation began in about forty days, but instead of ceasing at the usual time it became a copious hemorrhage. We did not lose time by resorting to the tampon, but immediately applied this valuable astringent freely to the inside of the uterus, when the blood ceased to flow forthwith.

In many cases of uterine hemorrhage, the advantages obtained by the use of this preparation over other remedies, the tampon included, are obvious. After the application of the latter, the hemorrhage always continues from the bleeding surfaces until the uterus is filled with blood, which, when it has coagulated, opposes farther hemorrhage, if the blood does not unfortunately pass along the fallopian tubes to the peritoneal cavity, but when the loss of vital fluid is checked by the use of the preparation here advocated, the blood ceases to flow immediately. The danger of producing a pelvic hematocele, and the annoyance to the patient of a tampon in the vagina are both avoided in addition to the lasting tonic iufluence of the treatment on the spongy mucous membrane.

18 East 13th Street.

MALADIES EXPRESSED REMOTELY THROUGH THE SYMPATHETIC SYSTEM.

BY V. A. BAKER, M. D., ADRIAN, MICH.

In a former article (September JOURNAL,) I stated my intention of writing on some forms of disease considered obscure. I now come to the fulfilment of that promise.

The "turn of life" in woman, or, as it is called by some erudite writers "menopausis," shall be my topic. In my report on gynæcology, (Trans. National Eclectic Medical Association, vol. v., page 175,) I formulated the following: I have endeavored to call attention to the relation existing between emotion and the sympathetic system of nerves, to show that emotion affects the viscera and the viscera the emotions through this system. In woman, the uterine or pelvic, in man, the gastric or digestive systems are centers which, in conditions of health, or the reverse, give expressions through the sympathetic systems, which we may learn to rightly interpret and make applicable in the treatment of our sick. In proportion to the importance of an organ will its derangements affect neighboring parts through this system.

To comprehend fully and to be really intelligent concerning the malady of any organ, we must understand the function of the same in health; its nutrient or blood supply; its supply of nerves, etc., thus enabling us to understand symptoms remote from their cause, that we may the better cope with the *real* trouble, and be prepared to meet the *imaginary* that is so prominent among women at the critical period of life, owing to a morbid state of the visceral system of nerves—a condition sure to produce a morbid mental state, varying largely in different persons, and to such an extent as to sometimes cause the mental citadel to totter, or to even completely overthrow it. Formerly the majority of the profession treated the changes incident to this period of life, as a matter of course, doing little to relieve the sufferer, but fortunately this state of unfairness to woman has been largely overcome, and, thanks to the research and suggestions of modern specialists, we can now do much to alleviate the sufferings of woman peculiar to this period. That all do not take unkindly to this change is due either to idioscyncracy, or because of varying conditions of

the woman prior to the time of its occurrence, i. e. her general health, condition of sexual system, and especially of uterus and ovaries. One of the earliest symptoms of the change, even before irregularity is noted, is a sensation of heat with flushed face, burning of feet and epigastrium, heart burn and palpitation, and *aura* expressed in various parts of the abdomen or pelvis; also, choking sensations, vertigo, etc. These symptoms may increase and intensify as the change advances. Now comes, perhaps, a cessation of menstruation for weeks or months, and the woman, if married, may suspect pregnancy. This sudden arrest of an important function may produce serious congestive symptoms, such as cerebral hyperæmia, etc., which may urgently demand treatment.

Another case may be menorrhagic from the start, or may flow a month and cease for two or three months. A case ceasing for three months, more or less, may be followed by a terrible "flooding," equaling the copious hemorrhage of childbirth or miscarriage that we sometimes meet. The beginner in practice should be guarded, study up his cases to an intelligent standpoint, thus enabling him to foresee and foretell results likely to occurr. As the change progresses the symptoms are likely to multiply (I allude now to untoward cases, or cases decidedly pronounced), and the woman may believe herself the victim of a variety of ailments; that her condition is extremely dangerous, and is often confident that she is near the fatal end. The intelligent frequently loose confidence in the attending physician, and refuse to be comforted. The kindest treatment is essential, and management more important than remedial means, if either one or the other alone could be employed.

I do not by any means deprecate remedial measures, for we have a few remedies with which we can attain in many cases, marked results. If, now, we consider the relation of the sexual system to the digestive, remembering the sick stomach, peculiar to the pregnant woman, and often so violent and prolonged, we will the more readily comprehend the condition that may be manifested by any alteration in the physical condition of this system, and, also, the relation it sustains to the great sympathetic system of nerves, and this system of nerves, in turn to it, for the

uterus, ovaries and all their appendages, are liberally supplied with nerves; in fact the nerve ganglia are numerous, large and important, that link the uterine system with the digestive and circulatory. A mere digest of treatment need be given here, as works abound that may be consulted for its fuller details.

Sensible treatment in this, as in other maladies, consists in fulfilling indications. If the nervous system is materially disturbed, we usually prescribe, as among the very best means at our disposal, the compound tincture of cypripedium, specifically prepared, i. e.; a half ounce of root to be represented by one ounce of tincture, and given in one-quarter to one-half or even small teaspoonful doses, repeated every four to six hours; or, in some cases, only at bedtime. To procure quiet at night I give in hot water usually a full teaspoonful. For correcting faulty uterine conditions, macrotys, pulsatilla, viburnum op., mitchella, gelseminum, etc., either specifically, as above noted, or in the form of reliable fluid extracts or resinoids. If tendency to "flooding" exist, I have found rhus aromatica *the* remedy, in most cases acting nicely, although in emergencies where this failed, ergot might be a good substitute, the condition of course governing. I have yet however to find my first case where the rhus aromatica failed. I leave it with my patients, of this class, for emergencies. Specific tincture, a teaspoonful every fifteen minutes or one-half, one, two or three hours, in a little water, according to the case.

One of the best remedial measures in the treatment of these cases is the application of spirits and water, or salt water, or if great heat of surface, a solution of muriate of ammonia, an ounce to one-half gallon of cold soft water, in the form of a pack, worn over stomach or bowels. Several thicknesses of old cotton or linen to be wet and smoothly folded and applied where indicated, and covered with oiled silk or rubber to protect the clothing. I direct that the compress be wrung tolerably dry. If sleeplessness, or burning sensation at epigastrium exist, I order a folded towel wet in the solution, to be applied to the epigastrium, and allowed to remain over night. Refreshing sleep often follows. The solar plexus of nerves, so intimately concerned, and in manifest sympathy with its disordered neighbors, lies directly beneath our compress, and here, rather than elsewhere, will our com-

presses, douches and counter-irritants do the most good. I once had a patient who remained for hours "shocked," cold and almost lifeless, from a blow received over the tip of the ensiform cartilage, and doubtless causing an injury to the solar plexus of nerves—a plexus seemingly talismanic in its relation to the whole emotional nature,—hence the good sure to follow suitable applications to this region. If symptoms localize in the uterus or ovaries, then my compresses are placed over them. They are to be persevered in and good results will follow.

In conclusion I would say that the remedies mentioned herein are only a few of the many useful ones at onr command. I have not mentioned aconite in dryness of skin and fever so common at this period; nor belladonna to combat head symptoms; nor sulphur, a most excellent remedy where uterine nerves are at fault, with a weighty or full abdominal feeling. Its revulsive action is well known, but neither this nor any other remedy should be given for its medicinal effect alone. I might mention remedies almost indefinitely, but my intention has been to stimulate inquiry in the mind of the young practitioner especially, by calling attention to the iufluence exerted at this period of life, on the sympathetic system of nerves, and in proportion to its intensity, on the emotions. Morbid manifestations may be, and often are, exhibited through this system of nerves quitc remote from the cause, as for instance, hysteria, often an expression of a morbid condition of ovaries or uterus, and through the sympathetic nerves manifested in distant parts.

The emotions also, as influenced by mental worry, will, through the sympathetic system of nerves, affect the viscera; hence to be successful in the treatment of these cases our attention must be directed to effect as well as cause, and *vice versa*, always bearing in mind that the mucous membrane is controlled by this system of nerves, mostly, and that attention to diet and maintaining the best possible digestive state is indispensible to good treatment.

VERATRUM AND ARSENIC IN THE TREATMENT OF PHTHISIS.

BY J. P. BILLS, M. D., FALMOUTH, MASS.

I was much interested in the article on the above named subject published in the January number of the Journal. While

some may object to the use of veratrum in this disease because it is neither tonic, expectorant nor stimulant, but is a sedative and depressor, they might be induced to try it did they know that in small doses it was a most decided *alterative*, say, one drop to the ounce of water or other vehicle.

Arsenic will destroy life, but it also possesses the power to save life. Used in certain directions and under proper conditions it is a good blood maker, improves nutrition, especially where there is a tendency to tubercular deposit. The dose should be small, and Fowler's solution the article used.

Another agent in combination with arsenic and veratrum is the syrup of the lacto-phosphate of lime, a restorer of muscular fibre, and a general excitant of all nutritive functions. It aids digestion and restores and increases the appetite.

With these three agents we are in the habit of writing for some of our consumptive patients the following prescription: ℞.—Fowler's solution, ʒ i; tinct. veratrum vir., gtts. iv.; syrup lacto-phos. lime, ʒ iv. M. Sig. A half teaspoonful three times a day, half an hour before meals.

Take a case in the incipient stage and no *hereditary taint* we expect, and have found the combination above to be a decided success.

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

(American and Foreign.)

THE MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.

REPORTED FOR THE JOURNAL BY P. E. HOWES, M. D.

The 22nd semi-annual meeting of the Massachusetts Eclectic Medical Society, was held at the Revere House, Boston, on the 10th ult. The president, Dr. J. D. Young, of Lawrence, called the meeting to order at 11 A. M. The recording secretary being absent, Dr. P. E. Howes was elected secretary protem.

After the transaction of routine business, Dr. E. E. Spencer, of Cambridgeport, presented a paper on "Laryngeal Diphtheria," which was illustrated by cases that had recently occurred in his own practice. He did not believe that all, nor a majority, of the cases arose from the effects of sewer gas; thought that

many times the exudation in the throat were swallowed, producing an irritation of the pneumogastric in its expansion over the stomach, and the sympathetic system, and that was frequently the cause of death; if not death, of the severe sequelæ that so often follow this disease. He insisted upon the frequent and thorough cleansing of the throat, to prevent the descent of vitiated mucous and shreds of membrane into the stomach. The paper was listened to with marked attention and called forth a variety of opinions.

Dr. N. Jewett reported the disease as having been endemic in his vicinity and marked by extreme severity. He believed very thoroughly in the use of inhalations; and thought he had obtained much benefit from an inhalation composed of glycerine and water. He also spoke very favorably of a combination of boracic acid and glycerine used in the same manner.

Dr. Bailey expressed his approval of the paper; thought it contained some valuable suggestions, and hoped that it might be published at an early date.

Dr. Brigham spoke of the use of bromine in those severe cases where life was almost despaired of, to be used by placing a few drops in a glass of water and permitting the patient to inhale it.

Dr. Geddes believed that tonics should be administered and that general constitutional treatment should not be lost sight of. He had obtained good results from sulphurous acid, muriate of iron, glycerine, and a saturated solution of chlorate of potash in combination.

Dr. Perrins remarked upon the incurability of some cases; some were doomed, he believed, from the first, and no medication could save them. He recommended the use of pepsin to dissolve the membrane.

Dr. Miles questioned the fact that "laryngeal diphtheria" was more fatal than other varieties of the disease. He believed that the anatomical structure of the larynx, and the fact that it could be more easily plugged up by the accumulating membrane was the most prolific cause of death in that affection, and recommended that the operations of laryngotomy and tracheotomy be not lost sight of as methods of cure or at least prolonging life and rendering it more comfortable.

Dr. H. W. Brigham reported the death of Dr. H. W. Buxton, of Worcester, one of the charter members of the society, and moved that a committee be appointed to draft appropriate resolutions, which should be spread upon the records, given to the public, and sent to the family of the deceased. Drs. C. E. Miles, H. W. Brigham and H. D. West were appointed such a committee.

Dr. Spencer presented a second paper on "The Security of Child Life," which he prefaced by the query, "do a less number of children die between the time of birth and the self-supporting age, usually placed at 15 years, than did forty years ago?" He quoted extensively from statistics to show that the mortality had increased rather than decreased. An interesting discussion followed which was participated in by Drs. Green, Geddes and others.

The committee on the death of Dr. H. W. Buxton reported as follows:

Whereas, in the departure of our honored and venerable fellow, Dr. H. W. Buxton, of Worcester, we realize that the Massachusetts Eclectic Medical Society has met with an irreparable loss.

Resolved, that we recognize in the departed, the true gentleman, the worthy friend, and the skillful physician.

Resolved, that we tender to his family our deepest sympathy at this time of their affliction, and commend them to the Father of all Mercies for comfort.

Resolved, that a copy of these resolutions be presented to the family, and that they be spread upon the records of this Society.

C. E. Miles, H. W. Brigham, H. D. West.

The report was accepted and adjournment had until 3 P. M.

At the afternoon session Dr. C. E. Miles read a short but very instructive essay upon the subject of "Convulsive Tremor," which was illustrated by a case drawn from his own practice. For its pathology and etiology he quoted the works of Wm. A. Hammond, M. D., who he believed was the only writer that mentioned the subject. He reported his patient as a single man of about 45 years. He had had "fits" of an unknown character in infancy, and did not talk until 10 years old. When the attack came on he first experienced headache and dizziness, had considerable difficulty in walking home. When the doctor first saw him, the right arm was jactitating quite violently and the hand trembling; these paroxysms would last from five to ten minutes, after which there would be a short interval of rest, which was in turn succeeded by another paroxysm. This lasted for six days, when there was an interval of nine days that the patient was perfectly free from them, after which they appeared again. This was repeated several times, the length of paroxysms and the interval between them varying in length, after which the patient recovered his usual health, which he has since maintained. The treatment recommended was large doses of gelseminum at first to produce its relaxing effect, after which it was continued in minim doses; the bowels found to be constipated were relieved

by an enema and kept in a soluble condition. Bromide of sodium was also given in doses of ten grains, alternating with the gelsemium, and a pill containing ergotine, extract of quassia, of each a grain, and bromide of zinc, two grains, was given three times a day.

An abstract of a paper by Dr. G. H. Merkel, on "Oxymurin," was then read by the secretary.

Dr. F. L. Gerald reported a case of prolonged gestation, in which his patient carried a dead fœtus nearly five weeks beyond the usual period of gestation, with no alarming symptoms, after which labor came on naturally, the patient experiencing no difficulty in getting up. The patient was a primipara, and about 40 years of age. The relation of the case was followed by interesting remarks upon the subject by many of the gentlemen present.

Dr. Waller, president and delegate from the sister society in Vermont, was present during the day. At the afternoon session he introduced the subject of abortion; when it was justifiable to induce it, etc. which was presented in a very interesting manner.

Owing to the inclemency of the weather the attendance was unusually small, bnt the proceedings were of much interest and well sustained. At five o'clock the society adjourned.

ACADEMY OF MEDICINE.

GUN-SHOT WOUND OF BRAIN.

Dr. Wm. Judkins, in reporting the following case, said that he regretted that he had not been able to attend the previous meeting of the Academy when Dr. Ravogli reported a similar case, making it the subject of an interesting essay on the localization of the of the functions of the brain.

On the fourth of July last the speaker was called to see a man who had received a gunshot injury in the forehead between the eyebrows, the size of ball entering head a 38 calibre. Supposing that the projectile had passed into the longitudinal fissure, a small probe was introduced to the distance of four inches, when, meeting no obstruction, it was again withdrawn. Recognizing that the man had but a short time to live, he was sent home where he died at the lapse of ten hours from the time of receipt of the injury, without having rallied, but remaining camatose till death. A post-mortem examination held the next day substantiated the fact that the ball had gone right through the longitudinal fissure for a distance of five inches, passing upwards and to the right, struck the vault of the cranium and was deflected downwards into the occipital protuberance near the cerebellum.

There was but little external hemorrhage.

DISCUSSION.

Dr. THRASHER remarked that he must object to the probing of the wound simply to gratify a morbid curiosity. It is true that if the man was dying, probing could do no further injury, but as a general rule the use of the probe in injuries of the brain is strongly condemned by most authorities. The danger lies in it setting up hemorrhage by touching an injured vessel, which until then might have been obstructed. Even if the reporter of this case was sure that the ball had passed through the longitudinal fissure it is difficult to say where the projectile is lodged.

Probing is only admissible when the bullet has not passed through the skull; but when the cavity of the brain has been entered such a course is not admissible.

Dr. JUDKINS replied that authorities differ as to the use of the probe. Dr. Hunter McGuire, for instance, a gentleman of recognized ability and high standing in the profession, does not hesitate to use the probe in gunshot injurious of the brain. It was not a morbid curiosity thst induced him to use the probe in this case, but in the face of the desperate condition to give the man at least one chance out of a hundred.

DR. DAVY said that some years ago he had reported a similar case occurring in the practice of a surgeon in New York, but would now state that he was misinformed at tnat time. A child, sixteen to eighteen months of age, was shot in the head; the bullet passed through the brain and was lodged in the opposite side, just inside the skull, as was known from the probe passing in to the distance of *five inches* by its own weight, so that the point was reached where the bullet could be actuallw marked out on the external surface of the skull. The child progressed favorably, made a rapid recovery and was now supposed to be well. When the speaker, however, was East during this summer he learned that the child had lived but two months.

He would mention a case that came under his notice on the 4th of July last year, of which he took notes at the time, but not knowing that this subject was to be discussed this evening, he unfortunately could not produce them. A boy was shot in the forehead, over the right eye, the ball lodging in the opposite side of the brain. The wound was not probed but a button of bone, one-half inch in diameter, was taken out which somewhat relieved the compression. However, the child died in convulsions in two days. A post-mortem examination revealed the track of the ball which was found with great difficulty lodged in the brain just above the tentorium cerebelli. The brain was softened and there was considerable purulent discharge.

Dr. Ravogli remarked that the probe must be used with the extremest caution in injuries about the head. If the symptons show that the brain has been entered the use of the probe must be forbidden, because trephining the skull for the purpose of removing the ball would endanger the patient more by the possibility of setting up hemorrhage than the presence of the bullet itself. Moreover, we cannot feel the bullet with the probe in so soft and pulpy a mass as the substance of the brain, and even if the ball could be found we cannot be certain that it is realy in the place where we thiuk it is situated.

To illustrate how great an injury of the brain may be compatible with life, he would mention an instanee where a man had shot himself in the temporal bone on one side of the head with suicidal intent. The ball passed straight across the brain and was lodged in the temporal bone of the opposite side. No abscess resulted but the ball became encapsulated. The patient was thoroughly blind and lived for nine months when he died, not from the injury of the gun-shot wound in the brain, but in consequence of cancer of the tongue, the sufferings from which had induced him to make an attempt to commit suicide.—*Lancet and Clinic.*

CINCINNATI MEDICAL SOCIETY.

Dr. C. P. Judkins exhibited a specimen of urine loaded with albumen and gave the following history of it. The urine was that of a young man twenty-five years old, a gambler, with the worst habits of a gambler.

Five years ago the doctor treated him for soft chancre followed by bubo, but no secondary symptoms. Within the past five years he had treated him for gonorrhœa many times. In March, 1881, he was called to see this man and found him in bed with a flushed face, high temperature, severe pain in the back and constipated bowels. After three or four days treatment he was up and about his business. But in few days after getting out he noticed some puffness of the hands, which was soon followed by swelling of the legs from the knee down. His urine was copious, from thirty to forty ounces per day, and was heavily loaded with albumen, showing a large deposit by the action of heat or the addition of nitric acid. Under the microscope casts and epithelial scales were seen. Specific gravity 1020. The doctor made an unfavorable prognosis, told the man he could not live more than a year or two. I gave him directions as to his diet and clothing, and enjoined upon him the strictest temperance and regularity in all his habits.

Instead of dying he improved in condition, the anasarca dis-

appeared, his strength returned, and he grew fat. He has taken no medicine for this trouble since March, 1881. Instead of following the Doctor's directions as to diet and habits, he fell into his old ways of life, ate what he pleased, drank freely and kept very irregular hours. In fact he did, and still does, everything to make himself worse and yet he grows better. To-day he presents the appearance of a man in perfect health, and the only evidence of disease about him is the albumen in his urine.

What is the cause of this?

DISCUSSION.

Dr. Comegys said this case was very interesting and contained a warning we should heed. The presence of albuminuria alone should not pronounce the doom of a patient. It is a well established fact that it may exist for years without any other symptom of Bright's disease.

The habits of Dr. Judkins' patient would tend to produce morbid changes in the kidneys. The presence of albumen, the casts, the quantity and the sp. gravity taken altogether, give strong evidence of a tendency to parenchymatous nephritis. But the kidney is a large organ with immense ramifications of tubes. Disease may be present in one part of this organ, involving only a small portion, while the greater part remains healthy and performs its functions.

Dr. Meigs, in a late paper, gives some interesting observations made upon sixty cases of albuminuria. He found fatty casts and waxy casts in the urine of persons who lived afterwards for many years and presented every appearance of good health.

We can have albuminuria without Bright's disease. The casts are the worst feature in the case reported. The doctor then mentioned a case of a young man who came to his office that day fearing he had Bright's disease. His urine, passed on the spot, was examined, and found to contain albumen and also a large proportion of oxalate of lime.

The albuminuria in this case, Dr. Comegys believed, was caused by the irritation of the kidneys by the oxalate of lime, and will disappear by the use of muriatic acid, and regular habits of life by the patient.

He referred also to another case of oxaluria which he had treated in a little girl seven or eight years of age. She was in the habit of wetting the bed at night and her clothes in school daily. She was treated with muriatic acid and partially relieved. Tincture of belladonna completed the cure.

Dr. Fisher said he made his last fatal prognosis in a case of supposed Bright's disease, ten years ago. The patient was a

baker; he grew weak, lost flesh, became anasarcous and his urine yielded a deposit of albumen. He told him he would not probably live longer than a year or at most two. Shortly afterwards he passed from under the Doctor's care and still lives, having the appearance of good health. Since then Dr. Fisher had seen many seemingly desperate cases of anasarca with albuminnria, and the result was not always fatal. Hence he had become very cautious about making an unfavorable prognosis.

Dr. Davy said his experience was similar to that of the gentleman who had preceded him.

He believed there must be some syphilitic element in Dr. Judkins' case. We cannot say a man has not syphilis because he does not show it. The primary manifestations might easily escape his notice. He might also fail to recognize the secondary symptoms if they were not severe enough to drive him to a physician. If this be the case, specific treatment will afford relief. When iodide of potassium is of benefit in Bright's disease it is a proof that syphilis is the cause. Sometimes the most puzzling cases yield at once to specific treatment althongh we cannot find a trace of syphilitic history in them.

Dr. Judkins said he did not treat this man for constitutional syphilis because he did not see any signs of it during the six or seven years he had him under observation.

Dr. Comegys asked Dr. Judkins if he had observed any symptoms of uremia.

Dr. Judkins replied that he had not, he had no trouble of vision, no mental disturbance, no cerebral symptoms whatever. The interesting feature of this case is the man's recovery with the albumen and casts in his urine. A condition in which authorities agree that the prognosis is grave.

He then mentioned another case of error in prognosis. Some years ago he had treated a young girl for articular rheumatism followed by disease of the mitral valve. She had considerable anasarca, and her general condition was so low that he made an unfavorable prognosis. But her condition improved, the anasarca disappeared and she still lives, though she has the mitral disease.

Dr. Comegys referred to a recent sudden death from heart disease in this city, and said that twenty-five years ago he had told the family of the condition of the patient's heart and his danger. But by regular habits and the avoidance of active exertion, his life had undoubtedly been prolonged.

We should not give such a grave prognosis in heart troubles generally, because the habits of the patient may be so regulated as often to prolong life indefinitely. He also spoke of the value

of agents in reducing the heart's action to save its power in continued fever.

He had recently, in consultation with another physician, seen a case of typhoid fever in a young girl. The pulse was 130, and he proposed to give one drop of veratrum viride every hour, as a tonic to the heart. In twenty-four honrs the pulse came down to 110 and was stronger. The doctor in attendance made a very interesting calculation by which he showed that this reduction gave the heart three hours rest in twenty-four.

SELECTIONS.

SOME POINTS ON THE REDUCTION OF HERNIA.

Seeing that the major operation, or opening of the sac, in a case of hernia is one that may involve great danger, and seeing that the minor operation, in which the sac is not opened, may involve some danger, and seeing that the *taxis* is a safe procedure, especially when it is successful, any expedients that will enable the surgeon to reduce a greater number of hernia, so that fewer operations will be required, will be the means of saving life. In this statement it is implied that cases of hernia are operated on that do not require an operation, and it must be admitted that it is not good practice to operate on a hernia that can be reduced by taxis.

The method of taxis for reducing a hernia, especially one that is strangulated, that I have adopted and advise, may be described as follows:

1. As far as possible grasp the hernial tumor with one hand; this can generally be readily done, except when the tumor is very large. The right hand will be best adapted for this purpose.

2. Now take hold of the neck of the hernia sac with the thumb and fingers of the left hand, in close proximity to the ring of constricting tissues, which can generally be readily distinguished.

3. Then make a gentle traction on the hernial tumor by means of the right hand, when two effects will generally appear: (1) The hernia will be drawn out a little and liberated from the ring of constricting tissues; and (2) some of the fluid contents, and may be some of the solid contents, of the sac, may be felt going through the hernial canal into the abdominal cavity. As the hand pulls on the tumor, it will compress it at the same time, and thus tend to express the contents of the sac. And the contents of the sac will be more apt to be expressed because the hernia is liberated from its constriction.

4. The thumb and fingers of the left hand, as it were, supplement the hernial canal, as they are near the constricting tissues, so that the sac and its contents will be prevented from expanding just outside of the outer end of the hernial canal. In one instance the thumb and fingers will accurately guide the hernial contents into the hernial canal, and in the other instance the hernial contents will swell out around the outer end of the hernial canal. In the latter instance the reduction of the dislocated intestine will be obstructed, and in the former instance its reduction will be greatly facilitated.

5. When the fluid contents of the sac begin to *go back*, then the solid contents of the sac will also begin to *go back*. The left hand of the surgeon must still continue the work it has begun, but the right hand must now, in addition to firmly grasping the hernial tumor, begin to push this tumor toward the external ring, in between the grasp of the thumb and fingers of the left hand, when generally, little by little, and sometimes suddenly, the dislocated intestine will be reduced. Of course, the rules of position and relaxation in regard to the patient should be put in force. When this method of taxis is properly carried out, it will, no doubt, diminish the number of operations for strangulated hernia.

6. In this place I may draw attention to this method of taxis, for the purpose of reducing a hernia when the minor operation is performed, since the constriction may be outside the neck of the sac. Also I may call attention to the fact that I have sometimes expanded and stretched, or, perhaps, torn more or less, the constricting band of tissues about the neck of the sac, by means of my finger, which has been pushed up under the edge of this band, carrying the tegumentary tissues before it, thus enabling me to reduce a hernia because the canal has been enlarged. At times I have found this a most valuable expedient, and have never known it to do any harm.—*Peoria Medical Monthly.*

THE RESULTS OF KOCH'S DISCOVERIES.

The results of Koch's discoveries, writes Dr. Formad (*Phil. Med. Times*), are now a matter of important consideration. In Germany, by imperial order, in military hospitals phthisical patients are separated from other cases as carefully as small-pox patients; so a gentleman tells me who has just come from Germany. Even here the community begins to regard the disease as eminently contagious. I know of an instance of a young woman suffering from phthisis being locked up and avoided, perhaps neglected, by the members of her own family, for fear of contagium. I have learned of several consumptives who have become worse from the

mortification of having their friends avoid them, some even going so far as not to shake hands with them. The moral effects must certainly be most deleterious to these unfortunate creatures and to those who surround them.

RECTAL CONSTIPATION.

Dr. Benj. Lee, of Philadelphia, makes two suggestions (*Med. Bulletin*,) for the mechanical relief of this form of constipation. The first consists in applying pressure with the ends of the fingers, protected if desirable by a soft cloth, against the most prominent point of the probulgent mass, through the rectal wall, outside of the external sphincter, to convert the concavity of the pouch into an inclined plane, over which a comparatively slight expulsive effort will cause the mass to glide, especially if the inner walls of the anus have been annointed with some bland ointment. The point at which pressure usually proves most effective is just to the left of the sphincter posteriorly; but the finger passed rapidly around will readily place itself where it will do the most good. Patients should be taught to use this simple manipulation when they become conscious of the presence of an accumulation of the bowel which they cannot extrude.

The second suggestion relates to the shape of the opening in the water closet seat. The hole of an ordinary seat is circular or oval in shape, and so wide as to admit a considerable portion of the fundament. As the body settles down the fleshy masses of the buttocks are forced together, thus crowding the anus and effectually preventing the opening of the sphincters. The softer and fatter the gluteal regions the greater will be the impediment thus produced, and hence the female will be the more seriously affected. The remedy is to change the shape of the opening, by making its width not to exceed about one-third of the one in ordinary use. The upper edge should be slightly rounded off—not beveled. Seated firmly upon such a support, the *nates* are pushed apart rather than forced together, so that an impulse to evacuate will be noticeably excited, and the evacuation will be comparatively easy, requiring but little action of the diaphragm and abdominal muscles.—*Peoria Medical Monthly.*

FORCED FEEDING IN PHTHISIS.

The practice known as forced feeding, or "super-alimentation," introduced by M. Debove and M. Dujardin Beaumetz, of Paris, has begun to attract some attention. This super-alimentation consists in forcing into the patient's stomach, by means of a sound,

large quantities of highly concentrated food. It was first employed in phthisical patients who could not retain food on the stomach when taken in the ordinary way, Strange to say, these patients endured the unpleasantness of stomach-tubes, kept down the injected food, and improved in health. The method has now been extended to cases of hysteria with vomiting, also to dyspepsia and to various wasting diseases when the stomach is rebellious.

The food used is chiefly meat powder, which is administered in milk, or boullion, to which eggs may be added. This meat-powder appears to be a really useful preparation, and, as it need not be expensive it will doubtless become more widely employed. It is made by taking lean meat, mincing it, spreading the paste on porcelain tables, and letting it dry at a temperature of 90° C. This is then taken and pounded into a powder, when it is ready for use. The dose given at first is small, being about twenty five grammes at a meal. This amount is gradually increased until between four hundred and six hundred grammes are given daily. Such a dose is the equivalent of about four pounds of fresh meat. The amount of meat in an average diet is only about one pound, and when it is remembered that the meat-powder is administered dissolved in two litres of milk, to which several eggs are added, the significance of the term "super-alimentation" will be understood.

Under such a diet the urine is diminished in amount, but the urea is greatly increased, sometimes reaching eighty grammes per day—the normal amount being 32.5 grammes with an average diet. Sometimes albumen appears in the urine. Diarrhœa may occur, in which case pespin and bismuth are added.

Phthisical patients rapidly gain weight, we are told, when thus forcibly fed, there being often an average daily increase of from eighty to one hundred grammes. Cough and expectoration diminish, and reparatory processes take place in the lungs. We do not hear it stated, however, to what extent permanent cures are produced.

It is hardly probable that American œsophagi will tamely submit to the introduction of a tube *ter in die*, and it is difficult to understand how such a process proves sedative to irritable stomachs, except in hysterical cases. The meat-powders, and the overfeeding, however, are sufficiently rational measures in many cases. —*Medical Record.*

INFLUENCE EXERTED BY VARIOUS AGENTS UPON DIGESTION.

From a series of experiments undertaken to determine the rapidity of the digestive process in the stomach under varying

circumstances, Dr. Fleischer deduces the following conclusions: A pint of cold water, taken with the meal, exerts no influence upon digestion. A quart retards it somewhat, and the drinking of three pints causes a considerable retardation of the process. Walking for several hours at a tolerably rapid gait, lengthens the period of digestion. Hot poultices applied after eating materially hasten the process. Cold, in the form of ice-bags over the gastric region, produces no effect. Dilute hydrochloric acid and pepsine produced no effect upon digestion, either in healthy individuals, or in patients suffering from dilatation and catarrh of the stomach. These remedies in combination with hot poultices over the stomach accelerated the process of digestion.—*Allgem. Med. Central-Zeitung*, No. 61, 1882.

ETIOLOGY OF HEMORRHAGIC SMALL-POX.

Dr. L. H. Petit concludes as follows: "The visceral changes found post-mortem in patients dead of hemorrhagic small-pox should be regarded as causes rather than as effects of the disease. It is well always to distinguish among these changes those which are old (various degenerations, sclerosis, etc.) and those which are recent (interstitial hemorrhages). These general lesions, whether the cause or the effect of a general morbid state of the organism, act upon small-pox, as upon traumatic affections, through modifications in the blood or in the tissues—especially in the capillaries. Among those predisposed to hemorrhagic small-pox may be classed former sufferers from diseases of the liver, spleen, heart, kidneys, and perhaps also the lungs, and of affections capable of producing visceral changes—rheumatism, scarlatina, malaria, alcoholism, pregnancy, etc. The therapeutical application of the etiological facts is as yet uncertain, but we may regard the prognosis as very grave when small-pox attacks one suffering from any of the above-mentioned affections; the disease is likely to assume the hemorrhagic or some other grave form."—*Le Progres Medical*, No. 37, 1882.

THE TREATMENT OF SOME CHRONIC GASTRIC DISORDERS.

M. Broca, in a series of articles (*Le Progres Medicale*, 39-42), strongly advocates, in ulcers of the stomach and chronic gastritis from various causes, the systematic washing out of the stomach and artificial feeding. In washing out the stomach there are two indications to fulfil—one, to empty it of its contents, whatever they may be; and the other, to treat the diseased mucous

membrane with medicated solution. He advocates the use of the siphon tube, on the ground that its manipulation is so easy that in a very short time the patient can learn to wash his stomach out himself. The washing over, the patient should be fed before the tube is withdrawn, powdered meat, raw eggs, milk, or broth being the most suitable food. He lays great stress on the advantages of over-feeding the patient, and mentions six hundred grammes of raw meat, a dozen eggs, and three litres of milk as daily allowance that may easily be exceeded. It is always necessary to commence gradually, until it is ascertained that the patient can digest milk and eggs well. Should pain come on some hours after the meal, it is advisable to empty the stomach by means of the tube. The cure is permanent if the patients only take proper care of themselves afterwards. He thinks that this mode of treatment might with advantage be extended to other cases than purely stomach disorders; he suggests it, for instance, in advanced phthisis.—*Medical Times.*

FUNCTION OF THE BILE.

Generally the opinion has been adopted, that the bile possesses an anti-fermentative action. Dr. F. Rohmann (Breslauer arzsl. Zeitch, 1882, No. 7) has specially investigated this subject. He had two dogs with a fistula of gall-bladder; to both he gave for their food nothing besides meat, and he found the fæces grayish-white, dry, easily broken up, and consisting mainly of inorganic substances. In the urine of neither could be noted any increase of ethereal sulphuric acids, a fact which undoubtedly could have been observed in the intestinal canal in case putrefaction had been augmented. A third dog with a fistula of the same kind continued in a normal condition when fed for a long time with toasted white bread; but as soon as he was put on an exclusive meat-diet, diarrhœa set in, which happened also when fat was added to his food. The fat under such circumstances is not absorbed, but is found again in the fæces, and mainly in the form of soap and free fatty acids.—*Med. and Surg. Reporter.*

HOME-MADE KOUMISS.

The following directions are given for its manufacture: Fill a quart champagne bottle up to the neck with pure milk; add two tablespoonfuls of white sugar, after dissolving the same in a ltttle water over a hot fire; add also a quarter of a two-cent cake of compressed yeast. Then tie the cork on the bottle securely, and shake the mixture well; place it in a room of the temperature of

50 to 95° Fahrenheit for six hours, and finally in the ice-box over night Drink in such quantities as the stomach may require. It will be well to observe several important injunctions in preparing the koumiss, and they are: To be sure that the milk is pure; that the bottle is sound; that the yeast is fresh; to open the mixture in the morning with great care, on account of its effervescent properties; not to drink it at all if there is any curdle or thickening part resembling cheese, as this indicates that the fermentation has been prolonged beyond the proper time. Make it as you need to use it The virtue of koumiss is that it refreshes and stimulates, with no after-reaction from its effects. It is often almost impossible to obtain good fresh koumiss, especially away from large towns. The above makes it possible for any physician to prescribe it. The cost is about fifteen cents per quart.—*Chicago Medical Review.*

LINSEED POULTICES: HOW TO MAKE AND HOW TO APPLY THEM.

There can be no question that the successful treatment of disease depends in a great number of instances upon what are apparently mere trifles, and consequently I shall plead this as my excuse for bringing forward such a simple matter for discussion as the making and application of linseed poultices. The first point to be considered is the kind of linseed which is best suited for the purpose. There are two kinds in common use: (1) the crushed, or oily linseed, (2) the ground linseed, or pulv. lini. of the pharmacopœia, from which the oil has been extracted.

The first is that which is most commonly used, but it does not retain heat so long as the other, nor is it so easy to remove from the surface of the skin unless it is covered with flannel, cambric or muslin.

The second takes up a much larger quantity of water than the other, and retains its heat much longer. The pharmacopœia orders oil to be mixed with it, but this I consider a work of supererogation, inasmuch as the oil has no particular virtue, and it cannot produce any better or quicker effect on the surface of the skin than the simple heat and moisture. The linseed should be thoroughly stirred with a spoon while the boiling water is being gradually added, and when it has been made pretty soft as regards consistence it should be spread on linen which has been previously torn and cut to the required size. If the back of the hand will stand the heat of the poultice, it may be safely put on to other parts of the body. It should be applied directly to the skin without any material intervening, and covered on the outside with oiled silk (the French will be found the best, as it does

not crinkle). If poultices are being applied to the chest, the back and front pieces of linen should be pinned or sewn together over the shoulders and kept close to the body by means of a handkerchief (medicated wool should take the place of the poultices for a little time after they have been dispensed with).

Medicated poultices are sometimes particularly useful, and especially in cases of abdominal pain. The linseed may be mixed up with the boiling liquor derived from poppy-heads and chamomiles instead of water, or a teaspoonful of laudanum may be sprinkled over the surface of the poultice when made.

Where there is intense, far-extending inflammation of the skin, a little sulphate of zinc and alum (three grains of each to the ounce of water) mixed up with the poultice, will sometimes produce a very satisfactory effect in limiting the area of the mischief, and producing a more healthy appearance of the skin affected. In the case of unhealthy sloughing wounds, carbolic acid lotion (1 in 40) may be mixed with the linseed, and will be found to effect a very satisfactory change.

The question is frequently asked, "How often will it be necessary to change the poultices?" Of course this to a certain extent depends on circumstances and the nature of the case. In chest cases it is absolutely necessary the poultice should be hot and moist, and consequently it is as well to order them to be changed every four hours, though they will often keep hot for a very much longer time—say from six to eight hours.

The front and back of the chest should not be exposed at the same time while the changing of poultices is going on, and the old poultices should not be removed before the fresh ones are ready. In cases of abdominal pain the frequent changing and the consequent increased warmth seem to be grateful.

There are doubtless numerous other little points with regard to the subject of poultices which might be discussed with advantage, but those that have been put forward are the result of personal experience, inasmuch as I have made such poultices myself, applied them, and carefully noted results. It is to be hoped, therefore, that the directions herein given will be found to be generally useful and trustworthy.—F. P. Atkinson, M. D., in the *Practitioner*.

RHUS AROMATICA.

John Coffee was troubled with enuresis—with neither sugar nor albumen—and I gave him Rhus aromatica in tincture, varying doses experimentally. In ten days treatment there was no improvement.

Mr. Mackhom, contractor, passed dense urine, small in quan-

tity, and from an irritable bladder. Urates in abundance, but no other pronounced disorder. He did not improve under Rhus aromatica.

Mr. Morris suffered from flocculent urine, irritable bladder, and frequent micturition. I prescribed Rhus aromatica without improvement of symptoms.

Twelve years old daughter of Mr. Elan Davis was pestered with involuntary discharges of urine at night during sleep. I gave Rhus aromatica without appreciable relief. The urinary difficulty did not depend upon vermes in the intestinal canal.

Billy Gove, eight years old, was distressed with incontinence, he wetted his clothes so that he had to be taken from school. I ordered Rhus aromatica in varying doses, but it did no good. I then prescribed tincture cantharides in two or three drop doses, three or four times a day. Case improved at once, and quite recovered.

These, with other failures of the kind, have led me to think that the virtues of Rhus aromatica have been extolled by parties who can get cures out of bottled moonshine, or the rays of the glow-worm. I swear to no prejudice in the matter—would only be too glad to give testimony on the other side. I will give Sourwood a test one of these days, and see whether the medicament be better than Sweetwood. Let us hope that the results may be favorable.—*Eelectic Medical Journal.*

REMARKABLE CASE OF PERIODICAL PEELING OF THE CUTICLE.

A. Chevallier Preston, M. R. C. S., reports a singular case, in the *Lancet*, of a woman who has suffered from childhood as follows: At intervals of a month or six weeks she experiences for a day or two a slight feeling of malaise, after which the skin of every part of the body comes away in "casts," and the cuticle which separates from the extremities, does so in one entire and sometimes unbroken piece, resembling a "glove" or "stocking." The new skin beneath has the appearance of ordinary skin after desquamation, and lasts her, to use her own expression, for several weeks, when it begins to get irritable and inflamed. The desquamated skin is of the thickness of the ordinary cuticle, and in places is as tough as the lining of a hen's egg. When the skin has come off, she expresses herself as "quite well" again, and is able to get about, feeling far more comfortable in the new skin than in the old one. Nothing could be gathered from her previous history which threw any light on the cause of this extraordinary phenomenon.—*N. Y. Med. Times.*

"*HAMAMELIS VIRGINICA.*"

Dr. Symes writes to the *Lancet*: "I cannot give your correspondent any information regarding the tincture of hamamelis, not having used it; but I can speak most highly of hazeline, the active principle of the witch hazel. I have prescribed hazeline as an injection (twice daily) in several cases of hæmorrhoids with most satisfactory results, relieving cases that had resisted all other treatment. It does not cause pain; on the contrary, relieves all unpleasant symptoms.

Hazeline was highly recommended two years ago for cases of hæmoptysis, epistaxis, melæna, etc.; but administered internally it has disappointed me in such cases. As a local application I have never known it to fail, and I consider it invaluable as such in the treatment of indolent and varicose ulcers, etc. Injected into the nostrils in that common complaint, 'cold in the head,' it gives immediate relief.

While the correspondence on the 'abortive treatment of gonorrhœa' was being carried on in the *Lancet*, I had opportunity of using hazeline as an injection in a case of 'old gleet,' and was agreeably surprised to find that, after a few injections, my patient was cured. I also had the opportunity of using it in the early stage of gonorrhœa, and with good result; and I believe that if any of your readers who may have more opportunity should give the drug a fair trial they will not be disappointed with the 'abortive treatment of hazeline' when using hazeline as an injection. A glass syringe should be used; metals decompose hazeline."—*London Lancet.*

COUNTER-IRRITATION.

Of all therapeutic measures there is probably no single one so potent in its application, as counter-irritation. The disputed point, as to whether it produces its results through the agency of the nervous or the circulatory system, has no practical interest for the busy physician. He has but little time for theories or physiological experimentation. What he most desires are facts and results. In counter-irritation he has them both; it *can* cure, and it *does* cure. It matters but little in kind, but greatly in degree, what counter-irritant is used. When we desire a profound impression, as in the initial stage of sthenic pleurisy, nothing short of a fly blister, and a big one at that—one that will cover the whole affected side—will do any good. A mustard plaster, under such circumstances, will be like a child playing at war as compared with the real battle. Whereas, when we meet an asthenic type of the same disease in a weakly and debilitated individual, the violent fly blister would

be too powerful and resort must be had to the gentler mustard. Much undeserved odium has been cast upon counter-irritation, as upon many other therapeutic measures, because of inferiority in quality of article used. We have used half an ounce of cantharidal collodion with the result of merely soiling the part to which it was applied; it did not even *redden* the skin, while half a drachm of a good article, applied to the same part, on the same person, blistered most terribly.

Many object to counter-irritation of a severe character on the ground that it produces an external sore that is sometimes very hard to heal. That this is true no one can doubt. It does sometimes happen that very tedious and painful abrasions of the skin, or sores, do result from fly blisters or tincture of iodine, or some other equally powerful counter-irratant. But these are exceptions, and ought not to militate against the rule, which is, that this form of treatment is an excedingly valuable one in nearly all affections of an inflamatory nature. A large volume could be written on the counter-irratants and the great value of counter-irritation, but it is not our purpose to do more than merely call your attention to the matter. Every physician must wisely judge what cases are suitable for this form of treatment, and what articles are appropriate to the effect desired. But remember that, while it will be all very well to resort to internal medication, counter-irritation can do no serious harm, and it will oftentimes amazingly aid the action of your drugs—*Medical and Surgical Reporter.*

THE MILK OF INTEMPERATE MOTHERS.

We have lately received a letter from a correspondent, who stated that at a "blue ribbon" meeting (for women only), a working man's wife said that she was present at a similar assembly a short time before, in the course of which a physician, by way of proving to the nursing mothers present the injurious effect of intemperance on their offspring, left the room and presently returned with a sample of milk drawn from the breast of a drunken woman, to which he then applied a light, the result being that the milk burnt for five seconds. Our correspondent, who signed herself "Incredulous," asked if this were possible, and although we had no hesitation in answering in the negative, the question raises several very interesting issues. First, as to the presenee or absence of alcohol in normal human milk. It is of course well known that koumiss is an alcoholic liquor prepared from milk by vinous fermentation of the lactose; the change is a slow one, lactose being of all sugars the least susceptible of fermentation. In the milk of the cow and ass, even when freshly

drawn, alcohol was found by Bechamp, the alcohol increasing if the milk was allowed to set. This of course suggests the same origin for the alcohol as in the case of koumiss. With regard to human milk, the presence of alcohol, even if found, would suggest a similar explanation, but its presence has never been proved. Still, the wife of the working man is not the first person who has made assertions as to the alcoholic milk of alcoholic mothers. On examination, however, these assertions are seen to be founded not on chemical analysis, but on statements as to the effects of the milk on the infant. In an adult these would of course consist of exhileration, followed by swimming eyes, inarticulate speech, unsteady gait, "dyskinesia" (uterine, no doubt, in female chilren), and even inability to stand. We may observe many, if not all, of these symptoms in most infants at the breast; and, indeed, in this way the inability to recognize one's own father might be taken as evidence of double vision. Is, then, the whole infant population to be regarded as more or less permanently drunk? Again, evidence may be obtained from the remoter effects of alcohol. We have heard a story of a child who died of cirrhosis of the liver from the prolonged exhibition of steel wine; but we may safely affirm that if even a trace of the alcohol constantly imbibed by a large proportion of nursing mothers were to find its way into their milk, specimens of infantile cirrhosis would be far from rare. On the other hand, there is no doubt that some of the alcohol of alcoholic mothers not unfrequently finds its way into the system of their infants by a more direct route than the milk. Setting aside, therefore, the question of alcoholic human milk as contrary to fact, one question still remains—namely, that of the general effects of alcoholic drinks on the milk of nursing women. To this question no short answer can be given. It may be stated at once, that the diet which ensures the best state of health and nutrition also ensures the best milk, but that no hard-and-fast rule can be laid down on the subject. Overfeeding as well as underfeeding, will often impair both the quality and quantity of the milk. It is, however, as in so many other questions, highly unscientific too lump all alcoholic drinks together, seeing that in those most generally useful, the alcohol is by no means the principal ingredient. To put gin and mild beer and claret together is to collect strange companions, who have, indeed, a common property, but little more. We are, however, within the mark in saying that, special medicinal questions apart, no nursing woman should drink spirits; that the less stimulant she can take (consistently with good health) the better; but it is no less true that in mild malt liquors, and especially in sound porter and stout apparently from the

special preparation of the malt, we have a very simple and excellent stimulant to the lacteal secretion in many cases where it flags, and even in some cases where malt alone or other stimulants have failed. Of the impoverishment of the milk of women whose health is impaired by drinking there can be no reasonable doubt, and too much can hardly be stated in this respect. We quite agree with the blue ribbon orator so far as this, that if all nursing mothers were teetotallers it would be far better for the totality of British babies. In saying this, however, we must add that some infants would, in our opinion, be the worse; but that on the principle of "the greatest good for the greatest number," more would be benefited than injured. If only these nursing mothers took stimulants whose health was really improved by them, it would be better still. There are facts which seem to show that alcoholism produces in some women a functional or temporary stertility. On this question, being beside our present subject, and also as not unlikely to serve as an incentive, or at least an excuse, for intemperance, we will not enter. Is it not somewhat of an irony of fate that the teetotal cow and ass should produce alcoholic milk, while the alcoholic human female produces none?—*London Lancet.*

THE PROGNOSIS OF IDIOCY.

The late Dr. E. Seguin, who was the highest authority, although somewhat over-sanguine, said regarding the results of attempting to train idiots: Not one in a thousand has been entirely refractory to treatment; not one in a hundred who has not been made happy and healthy; more than thirty per cent. have been taught to conform to social and moral law, and rendered capable of order, of good feeling, and of working like the third of a man; more than forty per cent. have been capable of the ordinary transactions of life under friendly control, of understanding moral and social abstractions, of working like two-thirds of a man; and twenty-five per cent. come nearer and nearer to the standard of manhood, till some of them will defy the scrutiny of good judges when compared with ordinary young women and men.

RESORPTION OF LIQUID FROM LIMBS RENDERED BLOODLESS BY ESMARCH'S BANDAGE.

Wolfer.—By experiments on animals, W. has observed that fluids are not absorbed from a surface when rendered bloodless by Esmarch's bandage—not even from the surface between the

wound and the constricting bandage;—on the other hand the power of absorption is increased.

The conclusions that can be drawn from the author's observations are of practical importance to every practitioner. (1) As long as E. bandage is still in place, neither a strong solution of carbolized acid nor any other liquid used as a disinfectant, can be absorbed and produce toxic effects on the system. (2) Septic material coming from a cavity or pocket during the operation, and flowing over the wound, cannot possibly be resorbed. (3) The bandage should be applied, if not for the practical purpose of preventing hemorrhage, then for theoretical reasons, and allowing it to remain until the wound has been dressed antiseptically. (4) Experience has shown it in a number of operations, and especially after amputations, not to remove the constrictor until the dressing has been applied, unless there are indications for its removal, when the wound should be carefully cleaned of all infectious matter first.

These suggestions are of great value in operations on young individuals. The fact that absorption is greatly increased after the removal of the bandage, operations should be completed as rapidly as possible with the limb in an elevated position, if for any reason the removal of the constricting band became necessary.—*Cent. B. M. Wis.*

A SPOON IN THE STOMACH.

On the 10th of September of the present year a youth, whilst playing with a spoon, swallowed it. He was taken at once to the Hospital Lariboisiere, Paris, where he complained of pain in the epigastrium and tightness of breathing. During the day vomiting set in, the patient could not sleep, and there were no signs of the offending article changing its position. The size of the spoon, too, made its passage either way very problematical. It was nine and a half inches in length (24). M. Felicet, in whose charge the patient was, determined upon gastrotomy. Before the operation was commenced the stomach was washed out with Vichy water. After the peritoneum was reached and the bleeding had been checked, the stomach had been distended with ether vapor, which was forced in by means of a pump. The peritoneum was now divided on a director, whereupon the now distended stomach wall bulged through the opening. Before being opened, the stomach was stitched to the abdominal wall, and the firmness of the stitches was tested by further distention of the stomach with ether vapor. The stomach was then opened and the spoon removed. Lister's dressing was employed. The

further course was favorable, and the patient was discharged after three weeks with only a small fistula remaining.—*Medical Press.*

THE CAUSE OF GOITRE.

J. Carret has given in the *Mon. de la Policlinique* some results of his inquiries into the above subject. The disease is produced, if his conclusions are found correct, by a micro-organism that lives in the soil, and at certain seasons is met with in the water. Boiling the water is a prophylactic. M. Deces remembers that at one time the only drinking water in Rheims was obtained from wells dug in the chalk. From the year 1846 water from the river has been carried into the town, a change of supply that resulted in a rapid diminution in the number of cases of goitre, and in a short time a complete disappearance of the affection. M. Carret has determined a maximum zone, viz., from the height of 1,000 to 1,100 metres in the southern declivities of Savoy, and from 400 to 500 in the northern slopes, the one being an isotherm of the other.—*Medical Press.*

THE HEADACHES OF ADOLESCENTS.

Surgeons have long noted the relationship subsisting between the period of growth, and that of adolescence, and certain affections of the skeleton, such as deformities of deviation, exostoses, etc. Physicians have been equally cognizant of a like influence exerted during that period of life on the progress of acute diseases and the development of nervous affections. Under the latter category there exists one affection of a special nature, which has hardly yet received the attention which it merits. We refer specially to the cephalagia or obstinate headaches which affects youths between the ages of eleven and sixteen, and, which, by their intensity and the obstinacy sometimes acquired, cause them to be considered as a special entity. Professor Charcot, of Paris, has directed especial attention to this snbject, and Mons. Keller purposes prosecuting the study of these cases in a forthcoming number of the *Archives of Neurologie.* In the meantime we shall glance at the salient features presented by this affection. A youth, possibly from eleven to twelve years of age, hitherto in excellent health, intelligent, and acquiring knowledge with facility, is suddenly seized with severe headache. Frequently they are at first light and transient, and do not interfere with study; soon they become more frequent, more obdurate, and ultimately compel a cessation of intellectual application. There is now established a chronic malady, painful for the suf-

ferer, and serious in its consequences, inasmuch as it interposes a barrier to all scholastic applications. The character of the headache is frontal. It never affects the posterior or lateral regions of the head. It is furthermore painful in the real acceptation of the term, a fact by which it is distinguished from other nervopathies, such as the cerebral paresis of adults or the ordinary neurosthenia, in which the sensations are vague and localized in the occipital and parietal regions, The pain is aggravated by mental application. When the malady is very pronounced the least study reacts painfully on the affected part. Sleep is enjoyed; the pain is usually absent or feeble on awakening, but occurrs during the morning, especially if mental occupation is indulged in, and acquires its maximum intensity toward evening. The affection is distinguished from ordinary neuralgia in that there is no hyperæsthesia along the nervous tracts, and from the ordinary migraine in not being unilateral nor propagated through the optic nerves, nor accompanied with sympathetic derangements of the stomach. The absence of febrile disturbance, the complete integrity of the intelligence, and the cure, which appears to be the rule, exclude the idea of any organic affection of the head.

With respect to the etiology of the disease, in some cases the rheumatic diathesis may be encountered, while in others this is totally absent, both in the patient and the family history; nor is an hereditary predisposition to nervous affections always to be traced. We are thus compelled to seek an explanation in the period of life through which the patients are passing. Thus, under the influcnce of some modification of general nutrition in connection with growth, the brain, owing to some given idiosyncrasy, may become weakened and painfully irritated. The situation of the pain corresponds with the portion of the brain especially active, as the seat of reflection and intelligence, during the period of adolescence. Be that as it may, it is quite certain that, should this peculiar pain exist independently of intellectual application, it is invariably aggravated by it, and it becomes the chief agent of the disease, and maintains and prolongs it. If the affection were due exclusively to a condition of growth, it should disappear with the progress of age. This does happen, doubtless, occasionly; yet in other cases the affection is so persistent that educational pursuits have to be totally abandoned for an indefinite period, as late in life even as the age of twenty-five. In these days of cramming this species of headache possesses interest to parents and guardians of children; and Mons. Keller assures us that no form of treatment has been so successful in his hands as the methodical application of hydropathy.—*Medical Press.*

EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

CANNED POISON.

Canned fruits, vegetables, meats, fish, soup, even canned puddings, are now not uncommon articles of diet, and we believe the introduction of these alimentary substances has been, upon the whole, a great benefit to the people; for fruit, vegetables, and meat even, that at one season of the year would go to waste through the plenty that made them superfluous are by the canning system economized for use in other seasons. But it is certain that several articles now put in tins should be put up in glass or earthenware to make them safe articles of diet. All substances that contain acids capable of attacking the solder or tin of the cans combine with these metals to make poisonous compounds, and may cause illness and even death. Several cases of death from using "canned goods," have recently been reported in New York. Doubtless some such have occurred elsewhere. We believe the sale of all tomatoes, rhubarb or other acid fruits or vegetables put up in tin cans should be prohibited by Boards of Health or other authority.

WHAT MALARIA IS.

The scientific world does not yet know what malaria is. They know the surrounding circumstances of its production or prevalence. But whether it is a subtle gas, or a poisonous compound of gases, which in their separate condition are healthy and necessary to the healthy action of the human system, they have not yet clearly established. Many are disposed to imagine, without knowing why or wherefore, that malaria or miasma is caused by living bacteria, nomads, infusoria or some other infinitesimal atoms, which are developed and set afloat in the atmosphere, when the situation is damp and rank with decaying vegetation, and the temperature is at least above eighty degrees. Whatever it is, whether a poisonous gas or an equally vicious germ, all know pretty well the surrounding conditions for its development. Newly broken prairie, with the grass turned under to decay, damp places obscured from the sun by high weeds or thick shade, decaying vegetable matter, or animal deposits about yards, stable lots, fence corners, or the rich soil, probably manured annually, on lawns, are the favorable locations for the development of

malaria. But in all the places and conditions, if freely exposed to open air and bright sunshine, little or no harm arises from such conditions. While all are compelled to acknowledge the beneficient influence of the cool shade on a sultry day, and the beauty and variety given to the landscape by beautiful trees, yet when clustered so closely as to shut out the magic influence of the sun in enabling the system to withstand the poisonous influence of malaria and other morbid agencies, better part with the shade than health. Damp cellars, thickly shaded lawns, obstructed sewers, muddy streets and alleys are all exciting causes of disease, feebleness of mind and body, and premature decay. The great power to aid the system to resist these agencies for evil is a glorious flood of sunlight.

WAS IT A COINCIDENCE?

We received an invitation to dine with the Boston Druggists Association, on the evening of the 22nd ult., at the Revere House. Like a motion to adjourn, an invitation to dine is always in order, with us; in fact is a duty which we always religiously discharge, we therefore accepted and, by the way, had a capital time. About two weeks previous there was a medical convention held there, and we are informed that soon the undertakers will hold one at the same place. Is this merely a coincidence, or is it in keeping with the eternal fitness of things? the popular idea being that first doctor, then druggist, then undertaker, is the way it goes.

Owing to certain adverse circumstances we have been unable to give the Journal this month the amount of attention we could desire. We are not sure, however, that our readers are not gainers thereby, as Drs. Miles and Howes have rendered valuable aid in the emergency, which we hereby duly acknowledge. We have a number of books and pamphlets which we had hoped to notice this month, but have been compelled to defer until another issue.

The Louisville Medical News, although it does not believe that Boston is exempt from malaria, remarks: "Boston certainly is a much blessed place. Intellectual culture is there brought to the highest point of perfection. The scholarship shown in its journals, medical and lay, and the learning of its medical men and other scientists is nowhere in the world sarpassed. Its rich men are the most liberal in America. Its women are brainy, and often beautiful, etc., etc.

The question, "How long is it necessary to keep children away from school after an infectious disease? was answerd some time since by the Academy of Medicine, Paris. With scarlet fever, diphtheria, measles and small-pox, isolation is to be maintained for forty days. Chicken pox and mumps lose their contagious power after twenty-five days.

HOT-HOUSE DIPLOMAS.

The recent trumpetings in the press of certain proposed institutions, creates the suspicion that some easy if not royal road is to be opened up in this Commonwealth to those desiring to obtain professional degrees regardless of due qualifications, and at the minimum cost of time and money.

That the most disgraceful, and comparatively open, practices of this kind have existed in some sections of this country, is a fact familiar to all. Fortunately the perpetrators of these deeds have had heaped on them the deepest opprobrium and the punishment due them for for their crimes. It is also true that with greater shyness certain very pretentious institutions in recent times, in spite of creed and code, have now and then thought it only a peccadillo to make short the time and easy the burden of some persuasive seeker after the coveted degrees.

But these things ought not so to be; and if there be any looseness in the laws of the land, and especially of our Commonwealth, through which any subtle purposes of this sort may be accomplished, it should be most speedily remedied, lest the disgrace that has fallen on others come to ourselves.

It is to be hoped that every suspicion excited is groundless. Our desire is that the largest liberty, especially in the pursuit of knowledge, should be granted to all, if that liberty be not abused and made a license for purposes of designing evil men.

The cause of Eclecticism has borne its full share of burdens in this direction, and through its state societies as well as in the National Eclectic Medical Association, has boldly and vigorously condemned, and struggled to stamp out, every appearance of this practice, and our devout prayer is that God will save the entire medical profession, and the Commonwealth of Massachusetts from any movement that may look toward encouraging the illicit granting and vending of medical diplomas.

M.

AFTER-PAINS.

What shall be done about after-pains? First, it is to be remembered that they point to a certain degree of uterine inertia;

again it is to be borne in mind that they are more or less preventable; and, once more, it is not to be forgotten that they are the result of a process, which if defeated, may prove of the greatest harm to the patient.

If care be taken that the placenta and clots be fully removed after the expulsion of the fœtus, severe after-pains seldom occur. If it is evident that the uterus does not contract quickly and firmly after the delivery of the uterine contents is completed, ergot or ustilago maidis should be administered at once, and the uterus should be gently but firmly kneaded with the hands. To prevent this contraction from occurring by the use of opiates, or any other means, invites flowing in some degree, and a continuance of the after-pains, and more or less of uterine sub-involution. The mischief that has occurred from want of care and thought in this direction is enormous.

Satisfied, however, that there is no foreign material within the uterus, also that the organ is well contracted, other remedies than ergot or ustilago are to be administered if the after-pains continue. Uterine irritability exists, and the codeia, tinct. gelseminum or viburnum are to be given in doses sufficient to allay the annoyance. Usually the gelseminum in 10 to 15 minim doses once in two or three hours will relieve the trouble.

M.

TRUSTEES OF THE STATE LUNATIC HOSPITALS.

While the Eclectic School of Medicine has never had any special favors shown it at the State Houe in the way of appointments, it has never failed to desire and advocate that the best thing possibie might be done for the interests of the community, and particularly has this been true when action has been taken in regard to matters which pertain to the public health, and the well-being of those demanding the aid of the state charities or asylums.

In this respect it is impossible for us to comprehend what gain there can be in the failure of Governor Butler to re-appoint so honorable and competent an alienist as Charles F. Folsom, M. D., on the Board of Trustees of the Danvers Lunatic Hospital, when by this act, and by the appointment of his successor, he deprives that board of the membership of a medical man, not to say of a member well versed and experienced in the science and treatment of mental diseases.

Had Governor Butler an objection to Dr. Folsom as a trustee, the way for a remedy was open that the board might be well served, but now both the man and the principle are sacrificed in his act.

This movement may seem wise to political minds; to them it may appear to be a stroke of economy, and a deed of gratitude to the Commonwealth; but it will hardly be so regarded by the medical profession, the philanthropist, nor will it commend itself to the common sense of the people.

M.

HORSFORD'S ACID PHOSPHATE AS A NERVE TONIC AFTER EXCESSIVE MENTAL LABOR.

Dr. N. R. Bradner, Philadelphia, Pa., says: "I have used Horsford's Acid Phosphate in my practice, and tested its value myself after excessive mental labor, as constantly required by my occupation. At such times it has proved a valued nerve tonic."

TYPHOID FEVER.

A copy of the following circular was received from the Board of Health before our last issue, but was overlooked:

Board of Health, 32 Pemberton Square.
Boston, December, 1882.

This circular is issued for the purpose of inducing greater care in preventing the spread of typhoid fever, which, according to the most reliable authority, may be contracted by contagion or infection. It is also supposed to be induced by the emanations from decayed animal and vegetable substances, foul drains, and other sources of filth.

The discharges from the bowels of the typhoid patient are supposed to be the source of the greatest danger, and may infect the atmosphere of the sick chamber, the drain, cesspool, vault, or by filtration may infect the well, cistern, or other source of drinking-water, and produce the disease in other persons.

The disease is most likely to attack persons between the ages of 5 and 40 years, and prevails more in the autumn than in any other season of the year.

When a case of typhoid fever occurs in any family, the sick person should be placed in a room apart from the other inmates of the house, and should be nursed, as far as possible, by one person only. The sick chamber should be well ventilated, warmed, and exposed to sunlight; its furniture should be such as will permit of cleansing without injury, and all extra articles, such as window and table drapery, woolen carpets, upholstered furniture and all hangings should be removed from the room during the sickness. The physician and nurse, as a rule, should be the only persons admitted to the room.

All vessels used for receiving the discharges of the patient should constantly contain some disinfecting fluid. A five per cent. solution of chloride of zinc will be effectual, and without odor or stain. Such disinfectant should be used freely upon the discharges as soon as they are received into the vessel. Water closets, cesspools, and vaults ought to be disinfected daily with a solution of copperas, (2 lbs. to the gallon of water).

Every kind and source of filth in and around the house should be removed and disinfectants freely used. Drains should be put in perfect order and ventilated by a 4-inch straight pipe, extended above the highest point of the roof of the house in every instance, terminating at a distance from any chimney or other ventilator.

On the death or recovery of the patient, the room, bedding and clothing should be thoroughly disinfected.

By order of the Board of Health,
SAMUEL H. DURGIN, M. D., CHAIRMAN.

CORRESPONDENCE.

THE following was received too late for publication in our last issue:

Editor Mass. E. M. Journal:

In answer to the article entitled "Ardor Urinæ," by J. S. G., I would say that the following formula in my hands, has frequently proved very efficient in cases similar to the one he mentions: ℞.—Tinct. Staphisagriæ, ʒ j; Aquæ, ℥ iv. A teaspoonful every three hours.

The Erigeron Canadense and the Erigeron Philadelphicum, are both good remedies in cases of a gravelly or nephritic nature, attended with painful micturition. In general irritation, and weakness of the organs of generation and the bowels also, the infusion of either of the above agents will nearly always have a very beneficial effect. Dose of the infusion from one to two fluid ounces three or four times a day.

J. JACKSON, M. D.

OBITUARY.

DR. HUMPHREY WOODS BUXTON, after a long and severe illness, departed this life at his home in Worcester, January 8th, 1883, aged 73 years, 8 months. He was born in Merrimack, N. H., and was the pupil of Drs. Colburn and Fitch, allopathic

physicians, of Nashua, N. H. He commenced practice in Haverhill, Mass., in 1836, and removed from there to Nashua, N. H. He came to Worcester in 1850, where he made an extensive general practice, but devoted himself largely, by preference to the treatment of pulmonary diseases, in which he achieved an enviable reputation. Dr. Buxton early espoused the cause of Eclectic Medicine, and was one of its pioneers in New England. He was a charter member of the Massachusetts Eclectic Medical Society, and filled the presidential chair for one year; he was also a member of the National Eclectic Medical Association, and attended several of its meetings as delegate from his state society. He was greatly esteemed by his fellows, was held in high regard as a citizen in the vicinity in which he lived, and was eminently a devout christian and true gentleman. A widow and two sons survive him.

Walter Burnham, M. D., died at his home in Lowell, on the 16th inst., at the age of 75 years, and 4 days. Dr. Burnham was a man of eminent ability, and was among the earliest and most eminent and successful ovariotomists, performing the operation when the act was looked upon as almost a crime. He was at that time, and for many years after, Professor of Surgery in the Medical College of Worcester, where many of the eclectic physicians now practising in New England had the benefit of his instructions, and they will remember him with great pleasure, and learn of his decease with sincere regret.

Dr. Burnham was for many years a member of the Massachusetts Eclectic Medical Society, and was present and joined the National Eclectic Medical Association, at its meeting in Boston. But so bitter were the prejudices of certain of the old school that it infringed on his opportunities for making the operations, which were his specialty, and he was induced some years since to sever his connection with the state eclectic society, although he continued to maintain friendly and professional relations with his former associates.

Dr. George M. Beard, the distinguished practitioner and author, died of pleuro-pneumonia, after a short illness, at the Grand Hotel, New York, on Tuesday, January 23rd, 1883. His fatal illness began with an alveolar abscess, from which he suffered so greatly that he was obliged to keep his room. The night following, Drs. James L. Little and J. R. Leaming were called in to attend him, but, although they were not satisfied that the troublesome abscess was the entire cause of the Doctor's sickness, no indications of pleuro-pneumonia presented themselves

until Sunday morning. Dr. Beard, though, was impressed from the first that he was dangerously ill, but bore his trouble with wonderfully philosophical resignation to the last, Throughout he frequeutly discussed his sickness in a humorous spirit. He sat up Monday and talked cheerfully to those about him. Early Tuesday morning, however, his symptoms changed for the worse. He then said :—"I trust when the sun closes the day that my life will close with it. I hope that the work I have left undone will be taken up by others." Again, later on, he frequently repeated: —"I wish it were possible for me to record for the sake of science the thoughts of a dying man. This final battle that I am going through with would be interesting." Indeed these words were almost the last he uttered. Thus he passed away with the key to his whole life upon his lips.

Dr. Beard was born at Montville, Conn., May 8, 1839. He was the youngest of four children, his two brothers being clergymen, now residing in Connecticut, and his only sister nursing him throughout his illness. His father, the Rev. S. F. Beard, was a congregational clergyman of New England, and his grandfather a physician. He prepared for college at Phillips Academy, Andover, Mass., and there received third honor, a Greek oration. After two years spent in teaching he entered the academical department of Yale College, in 1858, and graduated four years later. After graduating in arts he studied one year in the medical department of Yale College, and from 1863 to 1864 was acting assistant surgeon in the United States Navy. In 1866 he grad-nated at the College of Physicians and Surgeons of New York. Soon after he associated himself with Dr. A. D. Rockwell, and devoted his attention to the study of nervous diseases. He was a fellow in many scientific associations.

Dr. Beard had been an untiring writer and publisher of many works, pamphlets and monographs. He had also been known as a lecturer. He was connected professionally as an expert with many important trials among others that of Guiteau. Dr. Beard's position was that the assassin was insane. He predicted, in detail, the manner in which Guiteau would meet his fate, with insane speech on his lips, and this prediction was fulfilled.

Dr. Beard's investigations into sea sickness were of great value, and the plan of treatment has now been successfully carried out on every sea, for the longest voyages. With the inventor Edison, he spent much time in experimenting. Dr. Beard's writings and researches have had more influence in Germany than any other country, and many of his works have been translated into German. He leaves a widow and a little daughter eight years of age.

MISCELLANY.

Crying of the Fœtus in Utero.—Dr. A. Harlow, a well-known and highly esteemed physician of Detroit, Mich., reports a case (*Michigan Medical News*) in which he postively avers that the child while yet unborn uttered several distinct cries—at the time the membranes were ruptured and the child's head was in the superior strait. It was subsequently safely delivered by the forceps.

The Silica Spinal Jacket is recommended by Dr. George R. Fowler (*Annals of Anatomy and Surgery*) as a substitute for the plaster-of-Paris. It is applied just as silica bandages usually are, but over this jacket temporary plaster-of-Paris bandages are wound and left on for four or five days until the silica is dry. The silica jacket is light and strong. It is cut open in front and then laced. Dr. Fowler does not find it necessary to suspend the patients entirely, but lets the toes touch on the floor.

Kola Nuts and Inebriety.—The temporary popularity of coca as a remedy for the opium habit, seems likely to find a parallel in the use of the kola nut for inebriety. Some enterprising temperance people of London have imported a large amount of these nuts from Afirca, and are proposing to use them in the cause of temperance. The kola nut (*sterculia acuminata*) contains a considerable amount of a volatile oil, and about two or three per cent. of *thein*. It is therefore allied in properties to coffee, tea, guarana and coca. It is much used by the natives of Africa for its agreeable stimulating effects.

Iodide of Lithia.—For a long time, the salts of lithia have been considered efficacious in cases of gout. Dr. Kendall has found the iodide by far the most useful of them all. It is most efficacious in cases of actual gout, and may be used with benefit in other cases of a gouty nature. He has known small doses of the iodide to act with benefit in cases of gouty eczema, and in those cases of dyspepsia which may be due to a gouty diathesis the use of this salt is followed by excellent results.—*British Medical Journal*, October 21, 1882.

The Hot Pack in Puerperal Eclampsia.—Dr. Brens (*Archiv fur Gynakologie*, vol. xix., 1882) believes that for the cure of puerperal eclampsia either in the puerperium or the last months of pregnancy, active diaphoresis alone, induced by a hot bath, 40° to 45° C., followed by the pack, is all sufficient. The bath must not be prolonged over half an hour, and two to three

hours suffices for the envelopment in the pack. This method properly carried out will, according to Brens, also cause œdema and albuminuria to disappear without interruption of pregnancy.

Tolerance by the Uterus of Traumatic and Septic Influences.—Dr. Valenta relates a case in which the head of a full-term child, together with the placenta, was retained in the cavity of the uterus for six weeks. The child presented by the shoulder, and after version was delivered as far as the head. The latter resisting all efforts made to extract it, the medical attendant simply cut it off and went his way. After numerous attempts to remove it, the head was finally extracted piecemeal after remaining in the uterus for forty days. During this whole period there were no signs of reaction, the pulse and temperature remaining normal.—*Schmidt's Jahrbucher*, No. 7. 1882.

Phthisis Conveyed from Dogs to Man.—Dr. E. G. Janeway relates a number of cases of phthisis (*Archives of Medicine*) illustrating its possible contagiousness. Among others was the case of a phthisical young man who kept a pet dog. He was accustomed to sleep with the dog nestling in his arms. The animal became affected with a cough and subsequently died. Another dog shared the same fate; a third dog suffered from a cough, but its owner died of phthisis and the dog subsequently recovered.—*Medical Record.*

The Gospel of Fatness.—Dr. Clouston, of Edinburgh, says: "All acute mental diseases, like most nervous diseases, tend to thinness of body, and therefore all foods and all medicines and all treatments that fatten are good. To my assistants and nurses and patients I preach the gospel of fatness as the great antidote to the exhausting tendencies of the disease we have to treat, and it would be well if all people of nervous constitution would obey this gospel."—*Medical Record.*

Hypodermic Injections of Morphine in Seasickness.—According to Dr. Coelho (*Allgem. Med. Central-Zeitunz*, No. 81, 1882), seasickness is promptly controlled by subcutaneous injections of morphine in the epigastric region, in doses of one-eighth to one-sixth grain.

Intra-uterine Vaccination.—Dr. Truzzi vaccinated a number of pregnant women, during the last three months of gestation, with a view to determine the protection, if any, afforded to the child. The results were negative, as the children were all successfully vacinated a few days after birth.—*Centralblatt fur Gynakologie*, November 18, 1882.

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ORIGINAL COMMUNICATIONS.

THE WHEELER MURDER TRIAL.

THE following report is sent us by a friend who was present and heard much of the evidence in the case:

Miss Estella Risley, twenty-two years of age, had been a patient of Dr. J. D. Wheeler, of Decatur, Ill., for six or eight months, her diseases being at first nasal catarrh and subsequently dysmenorrhœa. On the 26th of last September she called at the doctor's office, and soon afterwards behaved strangely on the sidewalk, and asked to be carried home. The doctor, seeing her helpless condition, borrowed a buggy and drove his patient to her father's house. She complained of abdominal pain, and said that a distressing menstrual period was upon her. The doctor gave an anodyne and ordered hot applications for the feet and abdomen, and on visiting her again in a few hours found evidence of relief. For fourteen days the patient was generally much the same, on some days better and on others worse. The doctor used agencies he commonly employed in dysmenorrhœa, vaginal douches of warm water being among them. Counsel was spoken of on two or three occasions, but the family assured Dr. Wheeler that they had all confidence in him. On the 10th of October the patient seemed decidedly worse, and died at night. The next day an embalmer threw into the peritoneal

cavity a quart or so of preservative fluid, the implement employed being a large aspirating needle and syringe. On the day of the funeral Drs. Walston and Bumstead were asked to hold an autopsy, and Dr. Wheeler was present during the dissection. Upon opening the abdominal cavity the operators discovered that the intestinal folds were agglutinated, and that there was other evidence of acute peritonitis. On the upper and posterior aspect of the womb there was a discolored spot that proved to be a puncture. The uterus and appendages were then removed and examined; and a second aperture of a traumatic nature was found on the inside of the womb at a point a little to the right of the median line and just above the *os internum*. The canal was large enough to allow a scalpel handle to slide readily through it. The *post mortem* was not deemed official, therefore not much care was displayed in conducting it. A segment of the rectum and two of the bladder were attached to the neck of the uterus.

On the day following the interment rumors of malpractice led to a coroner's inquest, consequently the corpse was exhumed, and six doctors—the most prominent in Decatur were summoned to attend. The womb was inspected, measured, and consigned to a jar of antiseptic fluid. A coroner's court was then held, and the charge of abortion and murder entered against Dr. J. D. Wheeler. The sheriff of the county served the writ, and placed the prisoner in jail—bail being refused. In due time the Grand Jury indicted the doctor, in conformity with the decision of the coroner, and trial in the Circuit Court commenced on Monday, the 15th day of January, Judge Smith presiding. The State's Attorney, Johns, was assisted in the prosecution by lawyers Crea and Ewing. The defence was conducted by attorneys Nelson, Buckingham and Tinck—the latter from Litchfield, Ill. The contest was ably managed on both sides, and lasted seventeen days. The first witnesses were members of the Risley family, who manifested a depth of hate and malice rarely encountered. They represented that the doctor had given Estella "lots of ergot," and had used instruments on her repeatedly, "almost killing her" each time. A little implement, resembling a blow-pipe, was found in the doctor's office, and alleged to be the instrument used

at the house, as well as the one which made the uterine puncture. All the prosecuting doctors swore the implement might have made the hole in the walls of the womb, though it was not more than an eighth of an inch in diameter, and the aperture admitted easily a scalpel handle! All six physicians declared their belief that the womb was two months pregnant—that they saw a well defined and "true" corpus luteum in the left ovary.

Altogether the prosecution presented a very strong case, especially in connection with a "dying declaration" confided to a sister, and admitted in evidence by the judge. The declaration was as follows: "I am going to die tonight. Dr. Wheeler has used instruments on me, and I could shoot him like a cur dog."

That is rather flimsy for a solemn and dying statement, yet it was admitted as testimony. However, if the jury had agreed in a verdict of guilty, the defendant would have had good ground for an appeal to a higher court. Such a frivolous assertion was never before ruled to be competent as unimpeachable testimony.

The defendant testified to having treated the deceased for dysmenorrhœa. He used warm water injections to promote an easy flow of the menses. He never suspected a hole in the walls of the womb, and thought the peritonitis was developed only three or four days before death. He thought the family held to the theory that the girl was *enceinte*, but he never saw evidence of pregnancy. He was of the opinion that some person in the confidence of the girl had committed an assault on the womb with the idea of provoking a miscarriage. She had confessed a ruined character to a female friend who called during her last sickness. Dr. Wheeler had plenty of witnesses to testify to his good repute as a citizen and physician.

Dr. A. J. Howe, of Cincinnati, O., was present during the whole trial, and was the last witness called. He had made a sketch of the uterus and appendages, but the illustration was not permitted on the ground that the real structures were at command. Dr. H. then took the macerated womb in hand, and in clear and commanding language demonstrated to the jury that the womb was pathologically and not physiologically enlarged—that the hypertrophy was in the nature of a uterine fibroid, the walls

through neck and body being too thick; that during the first two months of pregnancy the fundus only was enlarged and thickened, while the cervix remained unaltered; that the inside of the fundus ought to show where the choroidal tufts had mingled with the decidua, wherein no such sign existed, but the endometrium was as velvety as that of the unimpregnated uterus. Furthermore the doctor demonstrated that the right ovary was long ago—a year or more—thoroughly disorganized; and that the left ovary had two pathological cysts in it, only an edge of the organ being capable of evolving any kind of ova; and that the fallopian tube on that side was impervious. The woman, from the conditions enumerated, was necessarily sterile, and had been so for at least six months. Dr. Howe declared that what had been called a true corpus luteum in the left ovary was an emptied cyst and no *corpus* following or attending pregnancy.

After the case had been ably argued, and passed upon by the judge, it went to the jury at 8 o'clock in the evening. At 4 o'clock in the morning a verdict of "not guilty" was reached. At first five jurymen were for acquittal and seven for conviction. But, after the foreman had reviewed the words of the indictment, it was clear to the majority that without pregnancy there could be no abortion, hence the charge against the accused could not be sustained. At length all signed the acquitting verdict.

In closing, one or two remarks may be made. The first is that Dr. Brown, an expert for the prosecution, swore that the corpus luteum alone would determine pregnancy! A second is that the hole in the uterus remains as much of a mystery as ever. The discoloration about the wound was too slight to admit the existence of much inflammation several days before death. Possibly the traumatism was inflicted thirty hours before death, and that the fatal issue depended upon such infliction. However, such an hypothesis is not satisfying. The lip of the wound in the peritoneal covering of the uterus had not closed through adhesive inflammation, but was found free as incised a few hours previously. If the wound were two weeks old the upper aperture ought to have been sealed, and the lower open for drainage. Besides, what instrument could make a canal, testified by Drs. Walston and Bumstead to have been a quarter by a half inch in

diameters, and that too in a structure as dense and contractile as the uterus? The aperture was in a straight line, as if made with a half inch chisel. No hemorrhage was reported by any party, though some questionable blood stains were exhibited on a white skirt. A large stain, decidedly yellow, was shown, and believed by the prosecuting doctors, to have been the amniotic fluid set free by rupturing the two month's ovum.

Dr. Howe, when commenting upon the skirt stain, said that the fluid of a two month's ovum was almost as clear as water; and that there would not be enough, after passing the vulva, the limbs and the coverings of the limbs, to make so large a mark on the lower border of a stiff and flaring skirt.

The uterus and appendages ought to have been preserved in alcohol. As it was they were in a repulsive state. Several of the jurymen held handkerchiefs over their noses while the pathology of the organs was under demonstration.

MEDICUS.

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*SANGUINARIA CANADENSIS.**

BY GEORGE WILLIAM WINTERBURN, PH. D., M. D.,

Professor of Materia Medica and Therapeutics in the United States Medical College, New York.

OF sanguinaria, to which I invite your attention today, it may well be said that it is one of the most important remedies in our materia medica. Its common name is blood-root.

The poppy-worts (papaveraceæ), to which blood-root belongs, are a singular, as well as a notable family. The fifteen genera composing it are characterized by active narcotic properties, principally resident in a turbid juice; but this juice varies in appearance in the different members of the family. In sanguinaria it is red; in chelidonium, yellow; in poppy, white; and, in eschscholtzia, transparent. The same thread of analogy runs through their therapeutic natures, alike yet different.

Sanguinaria, from the Latin *sanguis*, signifying blood, is a curious little plant, springing stemless from a tuberous root, in a series of large sea-green, smooth surfaced leaves, and bearing in early Spring a handsome, white, eight-petaled, but odorless

*A lecture delivered at the United States Medical College.

flower. This RHIZOMA is especially rich in the acrid, blood-like juice, which pervades the entire plant; and is the part used in medicine. When fresh it is exceedingly acrid to touch, taste, and smell, but rapidly loses this quality by exposure to the air. The officinal preparations are an infusion, a fluid extract, a tincture, and a vinegar; and to be reliable should be made from the green root.

Sanguinaria grows in all parts of the United States, rejoicing in rich soils, and in umbrageous retreats, and presenting a very elegant appearance from March to June. Its chemical constituents are sanguinarina, an active alkaline principle, with the formula C_{37} H_{64} N_4 O_8; porphyroxin; puccine; chelidonic acid: an orange-colored resin; and a yellowish fixed oil. Sanguinarina exists in the root in the form of a salt, the chelidonate of sanguinarina. It is in minute garnet-colored crystals, with shining facets, like a precious stone. Porphyroxin is found in tabular crystals, resembling that discovered in opium. The resin is analogous to amber in appearance. Chelidonic acid is found also in glancium and chelidonium.

Physiological Effects.—The action of sanguinaria depends largely upon the size of the dose. Unlike many other drugs, chamomilla for instance, whose influence lies always along the same plane and is only intensified by increasing the dose, sanguinaria alters its mode of action, in quality as well as degree, when given in varying doses. In small physiological doses it stimulates the action of the heart, in large doses it is a potent cardiac sedative; in small doses it is a gastric tonic, in large, it causes distressing gastralgia and severe emesis; in small doses it energizes the respiratory center and causes an increase in the number of respiratory movements, in large, it paralyzes the same, prolongs the pause after respiration, and consequently slows the movement; in small doses it induces a hopeful, sanguine state of mind, and in large, lethargy and narcosis.

When the dose is very large death follows quickly, from paralysis of respiration, preceded by intense gastric symptoms.

"Four men who had been employed to clean out and whitewash the apothecary shop of Bellevue Hospital found a demijohn containing what they thought to be brandy or some other spirit.

and they each took a good drink of it. They were all soon seized with severe racking and burning pains in the stomach and bowels, with intense thirst. They all died."—MITCHELL.

Such large doses do not cause vomiting. In doses of fifteen or twenty grains of the powdered root very free emesis takes place, followed by alarming prostration.

It has a marked influence upon the respiratory mucous membrane. In doses of less than a grain it is simply a mild expectorant; increasing the dose causes bronchial irritation, with loose, rattling cough and rather profuse expectoration. A still larger dose causes bronchial congestion with harsh, spasmodic cough, and scanty, tenacious sputa. Pushed still further we have stridulous breathing and sighing respiration. (A.)

(*A.*) The sensation excited is one of heat, followed at last by intense burning.

If the doses be moderate and repeated at intervals the person suffers from paroxysmal cramps in the abdomen, wandering from place to place, increased by pressure, or outward applications, and relieved by walking about. These severe pains are accompanied with vertigo, and followed by diarrhœa. The stools are watery, undigested, and are evacuated with a great quantity of offensive flatus.

Sanguinaria has considerable effect on the female generative organs, causing abortion in the pregnant, and congestion in the unimpregnated uterus. The menses are too early, too profuse, and consist of very dark blood. The breasts, also, are swollen and sore to the touch. Pain, stiffness, and soreness is felt in various parts of the body, probably caused by the hepatic disturbance induced by the drug.

Dr. Rutherford has shown that sanguinaria is a powerful biliary stimulant, increasing both the solid and watery constituents of the bile.

Its action upon the salivary glands is analogous, causing copious salivation. In continuous doses it causes great irregularity of the heart's action, with stitching pains in the cardiac region. It eventually paralyzes the heart if artificial respiration be maintained; in this resembling veratrum. Pulse and blood-pressure fall together, although just at first there may be a rise

of the latter. In physiological doses sanguinaria always lowers the temperature.

Therapeutics.—Sanguinaria is one of the most powerful drugs in our pharmacopœia, and deserves the most minute study. It has a therapeutic relation to the skin and mucous membrane; to the digestive, generative, and respiratory organs; to glandular structures; to the cebro-spinal system; and to muscular tissue.

I. The action of blood-root upon the skin is limited but peculiar. Applied in the form of the powdered root or acetum to fungous growths, fleshy excrescences, or warts, it is escharotic. An ounce of the tincture in a pint of hot water makes a stimulating wash for old, indolent ulcers, with hard unhealthy looking edges, and exuding dirty, sanious, or watery pus. Given internally sanguinaria is useful in eruptions caused by amenorrhœa; and in psoriasis and pityriasis, and other scaly eruptions; and in carbuncles. In the diseases of internal organs in which sanguinaria is most useful, the skin is apt to be dry and feverish, and the gastric disorders are often associated with pruritus and nettle rash. Sanguinaria antidotes the eruption caused by rhus venenata and toxicodrendron. It is an excellent diaphoretic administered in small doses well diffused in a cup of hot water. In scarlatina it has been used advantageously by Dr. Coe and others, but I can give you no special indications for it. It is said to have cured cases after belladonna had failed. In none of these conditions have I had any personal experience with it.

II. In catarrhal affections of the eye sanguinaria is a remedy of moderate importance. It has proved useful as a collynim in ophthalmia tarsi, in conjunctivitis, in catarrhal inflammation associated with coryza, and in ulceration of the cornea.

The case which I now show you of inflammation of the eyelid is illustrative of its use in the first of these conditions. This little girl, eighteen months old, has suffered from inflamed lids for several months. The origin of the condition was probably a cold, and its present severity is undoubtedly the result of lack of cleanliness. The whole margin of the upper lid is hardened and the lashes have to a large extent fallen out. There is enough exudation to gum the lids together in the morning, but hardly sufficient inflammation to cause any serious damage to the eyes.

As to treatment the eyes must be washed carefully with warm milk twice a day, after which they will be wet with this lotion of sanguinaria, containing ten drops of the tincture to half an ounce of rose-water. The child will also be given internally the one-hundredth of a grain every six hours. (This case was cured in two weeks.) I have treated similar cases at the hospital by spraying the lotion over the eyes, two or three times a day.

The following case of croupous conjunctivitis is interesting: A. S. B., a little boy aged six years, was seized with inflammation of the eyes in March, 1879. The lids became very œdematous, and on the palpebral conjunctiva were found small patches of membrane, loosely attached, but tenacious if effort was made to loosen them. There was severe supra-orbital pain, considerable fever, and great irritability. The same treatment was given, as in the previous case, but great care was taken in using a syringe to bring the lotion in direct contact with all portions of the inner palpebral surface. If the lotion is too strong the inflammation will be greatly increased. This case was cured in six days.

In cases where coryzal colds extend to the eye, and cause profuse lachymation, I have in three instances seen sanguinaria remove the whole trouble.

It has likewise proved beneficial in the catarrhal disorders of the ears, especially when affecting the eustachian tube.

Sanguinaria has an important influence on the nasal mucous membrane. I have seen it cure a number of fluent coryzas. It seems to act best in cases which affect particularly the right nostril, and are accompanied by much sneezing. Such cases often yield quickly to inhalation through the nose of the dust arising from shaking a small quantity of sanguinarin in a bottle; the inhalation to be repeated at intervals of three or four hours. (B.)

(*B.*) Periodic coryzas of all sorts, from rose-cold to autumnal catarrh, if possessing the characteristic conditions for sanguinaria, will be cured by it. These are copious, acrid, burning, watery discharge from the nose, causing an indescribable rawness of the schneiderian membrane, with loss of sense of smell, frequent sneezing, all the symptoms worse on the right side. If the con-

junctiva be similarly affected, or if intestinal disorders alternate with the nasal symptoms, sanguinaria is specifically denoted.

Non-syphilitic ozœna will often yield readily to sanguinaria. In these cases it is always necessary to cleanse the nose thoroughly at least once a day, in order that the medicine may come in direct contact with the ulcerated tissue. When possible to command the regular attendance of the patient, I prefer to apply the medicine personally, by means of a spray producer.

Nasal polypi are either hyperplasiæ of the mucous lining (mucous polypi), or a proliferation of connective tissue (fibrous polypi), or a growth of a jelly-like substance (gelatinous polypi); and they occur in frequency in the order named. In the first and last varieties sanguinaria is an excellent remedy, especially in the former. The freshly powdered root, or sanguinarin, may be used as a snuff, several times a day; but I much prefer the nitrate of sanguinaria. This substance is too pungent if used in full strength; and it should be thoroughly triturated with nine parts of granulated sugar. Even then it is apt to cause unpleasant burning in the nostrils. The following case nicely shows its usefulness:

Miss M. R. B., aged nineteen, a healthy, apple-cheeked, English girl, had been troubled with an uncomfortable feeling in her nose for more than a year. There was at all times a sense of fullness in the right nostril, but in damp weather it seemed completely occluded. An examination showed a mucous polypus adherent to the septal membrane, nearly filling the arch of the passage, and hanging downward into the posterior nares. The internal administration of tencrium and the iodide of lime produced no apparent effect. She was then given an ounce of the nitrate of sanguinaria, first decimal trituration, in a two ounce bottle, with orders to shake the bottle and snuff the dust thoroughly up the right nostril, every three hours. The effect was slow, but in the end most gratifying. In two months the polypus had entirely disappeared, and the nasal membrane was healthy and has remained so.

I have never had a case of polypus in the ear to treat; but in the mucous variety I should certainly begin with the nitrate of sanguinaria. There is no question that this remedy not only

removes the growth but cures the tendency (dyscrasia) that produced it. How much better this is than rudely tearing the tumor off, by means of forceps, leaving a lacerated and diseased membrane, as the basis for a new growth. Better certainly for the patient; although the physician will not receive as much praise from the patient's friends, for skillful therapeutics, as the surgeon would for dextrous manipulation. There may be even doubts that there was any polypus, unless it can be shown in a little bottle.

It may be merely a curious coincidence, but I have never been able to cure polypi in the left nostril with sanguinaria. There is a peculiar right-sidedness running through the pathogenesis of this remedy and its analogue chelidonium. Both effect the right-side of the head, the right nostril, the right lung, the liver, the muscles on the right-side of the back, and the right heart.

In diseases of the buccal cavity you will occasionally have use for sanguinaria. Epulis, from its analogy to polypus, you will remember in this connection. That simple but annoying trouble, gumboil, when not caused by caries is controlled by this remedy; as is also general inflammation of the gums (gingivitis), when they become swollen, spongy, and bleed easily. Toothache, when the pain is aggravated by cold drinks and relieved by warm, may be cured by this remedy. In all these conditions I use the first decimal trituration of the nitrate of sanguinaria, varying the dose from a grain in an ounce of rose-water, used as a gargle or taken internally, up to insufflations of the dry powder directly on the diseased surface, *pro re nata*.

Passing back to the softer tissues of the pharyngeal cavity we meet a similar ulcerative condition, which yields to the same treatment. I shall reserve what I have to say in regard to the tonsils until I come to speak of the action of sanguinaria on glandular structures, confining my present remarks to its influence on mucous congestion and diphtheria.

The ordinary idiopathic, catarrhal sore-throat, involving frequently the entire mucous membrane of the pharyngeal cavity, is without doubt often mistakenly diagnosed as diphtheria, on account of the tough whitish exudation which sometimes appears on various parts of the fauces, especially about the tonsils. Even

epidemics of simple sore-throat occur, and these are still more likely to confound the inexperienced or careless physician; but the fact that these cases are not followed by paresis and albuminuria is a sufficient index of their true character. There are many remedies for this condition, and among them sanguinaria. This remedy is specifically indicated when the throat feels as if it had been scalded by drinking something hot. The throat is dry and tense; the dryness is unrelieved by drinking, and the tension causes a sensation as if the throat was about to split. Drawing cool air over the heated membrane (breathing with the mouth open) gives the patient great satisfaction. These disagreeable feelings are all worse on the right side. In cases of this sort I have seen a mild gargle of sanguinarin, one grain to the ounce, rapidly disperse all the uncomfortable sensations.

Follicular sore-throat, the form so common among clergymen and others who use the voice unduly, is more frequently a pharyngeal than a laryngeal complaint, although old cases are apt to involve both organs in a common misery, no matter which was the seat of the original lesion. Although by no means so frequently called for as some other remedies, sanguinaria will cure this condition when the membrane is red and shining, and the burning pain seems to extend backward and downward from the pharynx into the stomach. The presence of the symptoms indicated just now when speaking of ordinary sore throat will also confirm the propriety of using it here. If possible I like to apply it by means of a spray producer, and I have a particular penchant for the nitrate of sanguinaria, rather than sanguinarin; although either will answer.

Chronic catarrh of the throat is apt to run on to ulceration if neglected; but all ulcerations of the throat are by no means catarrhal. Speaking generally we meet three forms of chronic ulceration of the throat; the superficial catarrhal ulcer, the deep, flabby scrofulous ulcer, and the well-defined syphilitic ulcer with elevated, serpiginous edges. Baptisia, hydrastis, stillingia, and sanguinaria cover, I think, all the variety of condition likely to occur. The general symptoms of the patient will determine the adaptability of either in any given case. The following case of the catarrhal form shows the action of sanguinaria and the symp-

toms indicating it: Miss S. M. A., aged twenty-seven, a school teacher, had been troubled with catarrhal pharyngitis for some years. The throat when she applied for treatment contained six or seven superficial ulcers, the largest about the size of a silver five-cent piece. She complained of great dryness in the throat, which was actual and not merely sensational, as the tissues were brighter in color than natural and glistening. Although she was not thirsty yet the burning feeling in the throat made her desire to drink frequently; hot drinks relieved the sensation for a few minutes, but cold water intensified it. The tongue also felt as if burnt, and was covered with a whitish slime. She remembered that at the first the throat had been sore only on the right side; and now the majority of the ulcers were on that side of the median line. She was subject to periodic sick headaches, which always began in the nape of the neck, and extended over the head, and finally settled in the frontal sinuses. I gave her a mild lotion of nitrate of sanguinaria with which to gargle her throat; and some powders containing the one-hundredth of a grain of sanguinarin, of which she took two each day. The medicine not only cured her sore-throat but her headaches also.

I do not think that sanguinaria is ever indicated in malignant diphtheria; but in some of the milder forms, it will, like phytolacca, prove to be the true remedy. The subjective symptoms have been already stated; the diphtheretic membrane is semi-translucent and grayish.

[TO BE CONTINUED.]

THE WAR ON LISTERISM.

BY E. YOUNKIN, M. D., ST. LOUIS, MO.

At the meeting of the British Medical Association, held at Worcester, in August last, Professor Stokes, of Dublin, delivered an address remarkable for its eloquence, argumentation and the subject matter it contained. This subject was "*The Advances in Surgery which have been made during the last half century.*"

The speaker first alluded to the abandonment of an indiscriminate blood-letting in almost every form of acute disease;—

of the reckless use of mercury in the treatment of certain diseases, and of setons and moxæ in hopelessly irremediable articular and other affections, and, after enumerating a number of the modern improvements in surgical treatment, he selected the "Three giant strides that the past half century has witnessed."

1. The discovery and application of anæsthetics.

2. The restoration of diseased or injured bones and joints necessitating resection; and,

3. The enunciation of the principles and establishment of the practice of Pasteur and Lister, of antiseptics in the treatment of wounds.

After briefly referring to the two preceding points, he spoke confidently of the coming triumphs of our art, and then passed to the subject of Antiseptic Surgery, upon which he dwelt in greater detail.

Professor Stokes said that "Mr. Lister's recent utterances upon the value of the carbolic spray had been much misunderstood, for he did not abandon the antiseptic principles, but looked forward to obtain more perfect means than the carbolic spray afforded." He referred to some of the opposition made against the Listerian theory;—that of Mr. Savory in his address of 1879 delivered at Cork being a notable example. Mr. Stokes affirmed that when the address of Savory is stripped of all its brilliant eloquence and rhetorical decoration it reveals the admission of the germ theory of putrefaction and that the method of dressing employed by Mr. Savory is essentially antiseptic. He referred farther to the theories of Sanderson, Ogston and Flueter on the nature of inflammation, and showed that their views were equally consonant with the prophylactic principle of antiseptic surgery; and that Lawson Tait's theory of "dead tissue factor" was a mere superfluity, "Those who advocate and practice what they are pleased to term a 'modified' antiseptic system attempt in fact a roundabout clumsy inefficient way, to do precisely what those who practice Listerism achieve by means which are the outcome of accurate scientific research."

After enumerating a number of tests in his own experience Mr. Stokes asked whether such results could have been obtained previous to the Listerian teachings, and concluded, there could be but one reply—*impossible.*

In his closing remarks he said: "In the interest and for the credit for British surgery it is time so unrighteous a warfare should cease. It is time that the irritating dust of an unreasoning prejudice should be swept away. It is time that one of the greatest discoveries and boons to surgery this century has produced should be universally recognized as such."

The honored name of Professor Stokes and his high reputation in surgical literature are a sufficient justification for these quotations at such length. The thing remarkable however, at this association was, that a few of the punctilious, set themselves a few hours later, to show equally as good results following surgical operations that were performed without the antiseptic methods.

Lawson Tait led the way by reading a paper on one hundred consecutive ovariotomies, performed during the last thirteen or fourteen months, and in which he had not used any kind of antiseptic measure. Of these but three died. All his cases were dressed with dry absorbent cotton-wool; in about one-twentieth of the cases a part of the wound opened and then it was dressed with zinc ointment and red lotion.

Mr. Tait attributed his success: (1) To the total abandonment of Spencer Wells' clamp; (2) to the thorough cleansing of the peritoneum as recommended by Keith; (3) to the draining of the peritoneum, as recommended by Keith; (4) to increased personal experience; (5) to the diminished number of cases which had been previously tapped; (6) to the complete abandonment of antiseptic treatment; (7) to the establishment of hospital discipline and hygiene.

Mr. Tait's great argument against the use of antiseptics consisted in the constant changes which were being introduced into it—one preparation was always being abandoned in favor of another.

The editor of the *London Lancet* has answered the arguments of Mr. Tait I think quite satisfactorily. He says: "The position of Mr. Lawson Tait is certainly an extreme one. He states that his latest brilliant results in ovariotomy are partly attributable to his discontinuing to use any so-called antiseptic measures. * * * * But he comes altogether too late to succeed in controverting Mr. Lister's doctrine and practice. The history of

surgery shows conclusively that wounds treated without regard to asepsis are liable to putrefactive changes and septic complications. No amount of statistics such as Mr. Tait adduces can prove the negative."

Had it been that Mr. Lister or his followers had fallen below the former operators in the per cent. of recoveries, then there would have been a strong argument against the use of antiseptics, but this cannot be claimed.

Although Mr. Tait forswears allegiance to antiseptics a mere glance at what he attributes as his points of success show clearly that he is not entirely from under the influence of Listerism. This thorough cleansing of the peritoneum; the drainage; hospital discipline and hygiene as well as the dry absorbent cotton-wool would indicate only a modified condition of Listerism.

Mr. Tait was exceedingly unfortunate in his principle argument against Listerism. He urged that the constant changes and desire to improve or to modify the antiseptic plan afforded a strong argument against its value.

Upon the other hand this is one of its surest proofs. Lister has never announced a finality on carbolic acid, but like all others has sought to improve upon his methods. To improve a principle is not to abandon it, and in this connection I must say that after using the different agents, thymol, eucalyptus, boracic acid, boro-glyceride and iodoform, I am compelled to fall back upon carbolic acid as the best and most efficient in the most of cases.

There is at least one honor due to Listerism if no more—namely, it has raised the per cent. of recoveries and has put its opponents to work in the abandonment of carelessness. All other methods have been tried and found wanting.

PURULENT OPTHALMIA IN INFANTS.

BY R. A. REID, M. D., BOSTON.

Grave as is the purulent form of opthalmia, as seen in adult life, it is equally grave and much more common in infancy. In this, as in the purulent affectiom of adults, the whole importance of the case depends upon the degree to which the cornea is involved, and the attention, when an infant is first examined, should be chiefly fixed upon the transparency or opacity of that structure, rather than on the inflammatory evidences, such as redness, swelling and purulent discharge, that exist. Some regard this as an affection purely catarrhal in character, while others of equal authority hold it as due to actual contact with the leucorrhœal discharge of the mother during parturition; still

others tracing it in every case, as they contend, to irritating substances, applied soon after birth, such as soap, during the washing process by an inexperienced or careless nurse.

From the variety of symptoms seen, it seems, to say the least, highly probable that not all cases are due to the same cause, and that while many of the milder ones are the result of exposure to draughts of cold air, and abrupt changes of temperature, or irritating substances, the more severe cases in which rapidly destructive ulceration, or sloughing, of the cornea dooms the unfortunate child to life-long blindness, are due to actual contact with the gonorrhœal or leucorrhœal discharge.

Since the accuracy of the diagnosis, and also the prognosis depends altogether on the integrity of the cornea, no pains should be spared to ascertain the exact condition. It is always difficult however to obtain a satisfactory view of the cornea of a child suffering with either this or other variety of corneal disease. Light causes so much pain that the little sufferer makes every effort to exclude it by keeping the eyelids firmly pressed together and resisting all attempts to separate them, thrusting his face into the pillow or against the dress of the attendant. To attempt to coax or parley with such a patient is but to waste time, and the surgeon must therefore have recourse to other means. He should sit with a towel spread over his knees, the attendant sitting just in front, securing the child's hands, and lowering him backwards until his head is received between the surgeon's knees where it can be firmly held. No little tact is required to thoroughly expose the cornea without everting the lids, but that tact can be acquired by a little practice. The extreme end of the first finger with a small piece of rag twisted over it to prevent slipping, should be laid upon the middle of the upper tarsus at the very edge,—between the roots of the lashes and the globe—and the lid, without any dragging of the skin, should be pushed in a direction which in the erect posture of the body would be up and back. Almost the entire cornea will thus be brought into view, but if the finger drags the skin of the lid, the tarsal cartilage becomes instantly tilted over and the conjunctiva, bulging forward, effectually hides the eyeball. It is never necessary to interfere with the lower lid, for the cornea is always rolled upwards under cover of the upper. A small wire speculum, if at hand, will readily accomplish the same purpose. Having exposed the cornea, the creamy matter that oozes out as the lids are drawn apart should be gently removed with a moistened rag or some cotton batting. The conjunctiva will be found red and swollen whatever the condition of the cornea may be. One eye being affected its fellow seldom escapes, though an interval of

a day or two or more may elapse before the second suffers.

The plan that has seemed to give the best results is the frequent use of a weak lotion so as to remove the discharge before it collects in any quantity, and thus to ensure the lotion coming into direct contact with the inflamed conjunctiva. Place the point of a syringe—making sure that it is quite smooth—just within the inner commisure of the lids, and the lotion will be discharged over the entire inflamed surface. The mother or other attendant must be strongly impressed with the idea that the preservation of the child's sight depends in large measure on her regular and faithful use of the wash, and she must be cautioned not to chill the child by wetting its clothes; the wash not being intended for a general bath. Local measures stand first, but there are others of the utmost importance in severe cases, the first often proving of no avail unless the child be well nourished. The health of the mother and her ability to effectually suckle the child become weighty matters for consideration. As I have repeatedly said the danger lies not in the profuse discharge, as the uninformed would suppose, but in the liability of the cornea to undergo extensive ulceration or to slough. In such cases it first becomes dull and hazy, loses its lustre and looks "steamy," just as does a window glass covered with condensed steam; then it gets opaque at its centre with softening of its tissue, and finally an ulcer, perforating the whole thickness of the cornea, forms; the iris prolapes and perhaps the lens and vitreous humor escape, the eye ultimately shrinking to a mere nodule. Much depends no doubt on the severity of the disease, but as much, or more, on the general vital power, whether the affection prove only a troublesome complaint, or greatly impair or absolutely obliterate sight. During that early period of life during which the disease manifests itself —commonly three or four days or at most within a week, after birth—the interchange of material in the system is so active and there is such a power of forming new tissues, that if this power be ably sustained by suitable measures it is often surprising to see how rapidly a large ulcer of the cornea will heal up, leaving but a slight amount of opacity. In such a case a faint pink tint may be seen around the margin of the cornea caused by the vessels that are carrying blood to repair the breach. Minute doses of quinine, they should be minute, given in milk seem of service to weakly infants, while blisters or leeches may destroy the last chance of staying the progress of corneal ulceration, and to attempt to bring such a child "up by hand" is to doom the eye to certain destruction.

HEMLOCK IN HÆMOPTYSIS.

BY J. S. ANDREWS, M. D., TAUNTON, MASS.

In renewing my subscription to the Journal I wish to express my hearty appreciation of its contents and gratitude to you for the wisdom and zeal that has made the Journal a source of pride and pleasure to its readers; the selections are of practical value, the editorials concise and pertinent; and the report of the discussions of the Boston Obstetrical Society was to my apprehension especially valuable. I could bring before me *in propria personæ* each speaker—Perrins, precise and methodical; Merkel, synthetic and scientific; Green, theoretic and cautious; Spencer, shaking his lofty head, and striking out regardless whether he hit friend or foe, yet never in malice; Miles, suave, smiling, backing everything by fact; and Reid, like a wise mentor supplying what others lacked—it was good to be there, and thank you for reporting it;—even to the onion poultice.

I wish to call the attention of the profession to the virtues of the Fluid Extract of Hemlock prepared by the Geddes Manufacturing Co., Boston. Samples have been sent me by the gentlemanly proprietors, the trial of which leads me to bring it before our eclectic physicians. While we are beset with wonderful remedies from "furrin parts" with unpronounceable names, it is well to turn inquiringly to our indigenous plants and learn what virtue resides in them. Half a century ago the virtues of the hemlock were well known; a vapor bath from the boiling leaves with a few drops of the oil internally was a specific for rheumatism; the pulverized bark was used for "canker," catarrh, piles, etc. The resin formed the basis of every plaster and the oil for liniments, but now it is relegated to the tan-vat.

The peculiar excellence of Geddes' extract is that its solubility enables the practitioner to dilute it to any degree of strength, and have it always at hand, without resorting to infusion or boiling; its astringent properties are equal to tannin, matico or rhatany, while the taste is not so objectionable. In hæmatemesis and hæmoptysis it is surer and equally potent as the oxide or nitrate of silver so relied upon by the allopaths, and far preferable to the muriate of iron, which is so readily changed to tannate of iron in the stomach, and also injurious to the teeth. In the Journal of Materia Medica for 1872, this extract is recommended in diarrhœa, chronic dysentery and cholera infantum; and its oleo-resinous properties are considered valuable in rheumatism; but as a topical or external agent, we find the most frequent use of this extract. In a recent case of a wound where an extensive portion of the integument was destroyed, the exposed surface

was covered with the extract in full strength which not only excluded the air but by its astringent balsamic properties checked the bleeding and promoted the healing process. In uterine hemorrhage and those dangerous floodings incident to the "turn of life," I have fouud this extract powerful and reliable, also in vaginal and uterine leucorrhœa it acts as an astringent tonic, restoring to a healthy condition the parts involved; it also possesses antiseptic qualities which render it serviceable as a lotion for old sores, ulcers and gangrene. We bespeak for it a fair trial, confident it will be found a valuable acquisition to our materia medica.

ACONITE IN ACUTE NASAL CATARRH.

BY PITTS E. HOWES, M. D., SOUTH BOSTON.

It was a wise suggestion of that medical writer who said, that we had much better study more closely the remedies that we now possess, than to be anxious to introduce new ones to the notice of the profession. There is no slight ailment that is quite so disagreeable, perhaps, as an acute catarrhal cold, the inflamed membrane, the sense of fulness and continuous flow of secretion, induced by the congested vessels, are all calculated to make the afflicted one feel anything but comfortable. In just these conditions when I have had the opportunity of prescribing at the commencement of the difficulty, I have met with uniform success by directing a spray of aconite to be used in the following proportions: Tinct. Aconite Rad., ʒ ss; Aqua, ℥ ij. I direct the patient to spray the nasal cavities several times a day, each time using it until he perceives the dry, burning sensation produced by the aconite upon the mucous membrane. Does the aconite act locally upon the congested vessels supplying the schneiderian membrane, cause contraction, and thereby prevent the excessive secretion? I cannot answer, but I most firmly believe that whenever we can get the action of aconite upon an inflamed part, either by means of the spray or direct application, we are certain of rapidly subduing the inflammation.

Will others give their experience on this subject?

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

(American and Foreign.)

MATERIA MEDICA SOCIETY.

VIBURNUM OPULUS IN DYSMENORRHŒA.

The paper of the evening, on "Viburnum Opulus," was read by its author, Dr Purdy. The genus viburnum of the natural

order caprifoliaceæ furnishes two plants used in medicine, viz., viburnum prunifolium and viburnum opulus. The first has been quite extensively used, is described by numerous observers, and has obtained a place in the forthcoming revision of the United States Pharmacopœia. Tne second, however, has received but little professional notice, and its literature is meagre and unsatisfactory. Believing the viburnum opulus to be more certain in its action than its companion of the same group, the author proposed to present some points in its history, and some of the clinical results of its use in dysmenorrhœa. After speaking of its botany and history, he took up its pharmacy and chemistry. For medicinal purposes is employed the bark of the root, shrub, and its limbs (fresh bark being preferable). From this a tincture is made with alcohol of 75 or 80 per cent. (Hale). The tincture should have a dark red color and a peculiar acid odor not unlike that of valerian. Refering to its therapeutic properties and uses, the author quoted Hale, who recommends high cranberry as a powerful anti-spasmodic. In virtue of this property, says this writer, it is known among American practitioners as cramp-bark. It is very effective in relaxing cramps and spasms of all kinds, as asthma, hysteria, cramps of the limbs and other parts in females, especially during pregnancy. It is is said to be highly beneficial to those who are subject to convulsions during pregnancy or at the time of partruition, preventing the attacks entirely if nsed daily for the last month of gestation. In the treatment of spasmodic dysmenorrhœa, for which variety this remedy is especially indicated, Hale prescribes of the tincture, a few drops a day for a week previous to the expected period. When the pains begin, he gives it every half hour, or every quarter if they be severe. He has found it equally useful for the severe false pains preceding normal labor and often rendering the woman's life a torture for weeks. In after-pains it is of great value, and should be given after each pain. Cramps in the abdomen and legs of pregnant women he was able to quickly control by its use. He claims that it will prevent miscarriage if given before the membranes are injured and when the pains are spasmodic and threatening. The use of the viburnum opulus for the relief of dysmenorrhœa, said Dr. Purdy, does not seem to have originated from professional sources. It has been in domestic use for a very long period as a remedy in the painful affections of women. Hale first gained his knowledge of the plant from its domestic employment. In neuralgic and spasmodic dysmenorrhœa he has yet to meet with a single case in which it has failed to cure, and states: "So confident have I been if its almost marvellous powers, that I have taken pains to look up some old cases that I had dismissed years ago as

incurable, in order to test the remedy on them. In every instance so far it has cured these obstinate cases. Its sphere of action seems to cover about the same grounds as galvanism." In spasmodic affections of other organs, the same writer predicts its usefulness. The question is whether it acts through the motor nerves or directly upon the muscular tissues, It may prove to be a spinal remedy. Dr. Meyer, of Wilkesbarre, Pa., in his pamphlet on "Specific Medication," states that viburnum opulus, or high cranberry, and viburnum prunifolium or black haw, seems to be anti-spasmodic, and to have a specific action upon the uterus. He has only used the first named. Its employment has convinced him that it is uterine sedative, and often a remedy for neuralgic dysmenorrhœa and for the commonly associated spinal irritation. He gave it in doses of five to ten minims of the concentrated tincture for these conditions, and also as a preventive of threatening abortion. He believes that in the majority of cases it has accomplished the object for which it was given. Dr. Charles E. Hall, (Philadelphia *Medical and Surgical Reporter* for June 22, 1878) a number of whose cases the author abstracted, states in conclusion that many more instances could be given to show the positive effects of the drug, and predicts a cure when the pain is spasmodic and neuralgic, palliation when it is congestive or pseudomembranous. He also used it in menorrhagia with intense crampy pain, and obtained speedy relief in cases of uterine colic. The only other allusion in literature the author could find was a brief statement on page 13 of "Piffard's Materia Medica and Therapeutics of the Skin." Here it is stated that dysmenorrhœa is sometimes promptly relieved by pulsatilla and viburnum opulus. (See The American Dispensatory, page 858.—Ed.) Dr Purdy then narrated a number of cases of his own, which led him to conclude that viburnum opulus is a powerful uterine sedative. He is satisfied that, if preparations of the fresh drug be used, many cases beyond the reach of any therapeutic aid, except opium, might be relieved, and more positive results obtained from its use than from the employment of viburnum prunifolium. He had been using a preparation similar to the abstract of the new Pharmacopœia. One grain equals in strength two minims of the tincture. The latter is made from one part of the fresh drug to two parts of alcohol.

Dr. Farnham had had no experience in the use of this species of viburnum, but had obtained good results from the viburnum prunifolium. He had employed it in doses of a fluidrachm of the extract three times a day.

Dr. Purdy stated that he had used the viburnum opulus abstract in five grain doses.

Dr. Farnham related the case of a lady who aborted six times, and had been subjected to a variety of treatment. The accident always occured before the third month. Being put upon viburnum prunifolium, she went on until the sixth month, Then, at a time corresponding to a menstrual opoch, death in her family caused her to be hurried out one stormy night and taken quite a distance in a carriage. Premature delivery took place, the child being born alive and living twelve hours. In the next pregnancy no other remedy was used, and no local treatment employed. She was told to rest four days every month at the periods corresponding to menstrual epochs, and to attend to ordinary hygiene. She went on to full term, and gave birth to a child weighing twelve pounds. Having had excellent results with viburnum pruifolium, he had used that to the exclusion of the viburnum opulus.

Dr. Castle had used viburnum prunifolium, and had found considerable difference in the activity of the fluid extracts generally used. A good fluid extract gave pretty good results in doses of half a drachm repeated at intervals of three hours for dysmenorrhœa. He had only used it twice for the purpose of arresting threatened miscarriage. In one case it seemed to have secured a good result; in the other, small doses of ergot were also employed, so that no definite conclusions as to its efficacy were possible. While speaking of dysmenorrhœa, an observation had occured to him bearing upon the medical treatment of many cases of this affection. He had seen what might account for the reputed efficacy of any drug tried for a limited period. In many cases he had noticed that women would suffer much from dysmenorrhœa one month, while the next they would be free from pain. On the following period they would again be much distressed, to be again comfortable on the subsequent epoch, and so on. After one attack of dysmenorrhœa they would take medicine, and the next period would be painless, the relief afforded being attributed to the remedy. It would then be abandoned, directions of the physician would not be followed out, and the following month the old difficulty would arise. Then their experience would lead them to again resort to the remedy, with the result apparently of once more procuring a quiet time.

Dr. Purdy stated that he administered as much of the abstract to a dose as could be put on a five-cent piece(*i.e.*, about five grains).

Dr. Castle remarked that each grain of the abstract represented two minims of a fluid extract, each minim of which corresponded to one grain of the crude drug; the abstract was accordingly twice the strength of the crude drug.

Dr. Johnson had not had much experience with viburnum opulus, but had used the viburnum prunifolium to some extent. In dysmenorrhœa, however, although cases showed a decided effect from the drug, his experience with this trouble had been of such a nature as to render him rather suspicious in regard to the virtues of the remedy. There seemed to be cases of dysmenorrhœa in which the pain appeared to be diminished on the production of a strong impression upon the mind of the sufferer. He had given minute doses of pulsatilla in a case where he could not make himself believe that this drug had really exhibited any of its therapeutical action, yet the woman had painless periods. One young lady, hysterical and broken down, suffering from pain so severely every month that she was prostrated, was ordered to take small doses of pulsatilla, being assured at the same time that this would relieve her. It did, and relief was complete. In those cases in which viburnum had been given for months with gradual diminuition of pain, the remedy certainly did seem to possess therapeutical value.

Dr. Purdy again drew attention to one of the cases mentioned in his paper. The patient was a seamstress who had had a hæmatocele for six or eight months. Pain, aggravated at the menstrual periods, had been controlled by opium. Viburnum opulus afforded relief without opium.

Dr. Johnson asked whether rest had been insisted upon.

Dr. Purdy stated that the patient sewed and embroidered for a living, and endeavored to do nothing else during the employment of the remedy.

Dr. Johnson inquired whether the diminution of pain might not have depended upon diminution in size of the exudation.

Dr. Purdy had noticed no such diminution in a number of examinations made.

Dr. Johnson thought that if the decrease in the amount of pain was not due to a diminution in size of the hæmatocele, it perhaps depended upon the fact that the woman had become accustomed to its presence.

Dr. Purdy agreed with Dr. Johnson that such an explanation might with reason be urged. He referred to the astonishingly long list of remedies brought forward in the "National Catalogue," for the cure of dysmenorrhœa.

Dr. Johnson did not wish to be thought a doubter, but it seemed to him that it was exceedingly difficult to prove the efficacy of any drug in dysmenorrhœa.

Dr. Purdy had been using the viburnum prunifolium. When Dr. Piffard suggested the viburnum opulus, he took up the latter and employed it. He had found that it gave him better results.

Dr. Webster inquired for the situation of the hæmatocele.

Dr. Purdy stated that it was well down in the pelvis, pressing upon the rectum—a pelvic hæmatocele.

Dr. Webster stated that he had no experience in the use of the drug at all, but asked whether it might be made use of in ophthalmological practice in treating spasm of the orbicularis muscle.

Dr. Purdy replied that Hale spoke very enthusiastically of it in all forms of spasm.

Dr. Farnum had found that books attributed to it a selective action on the uterus.

Dr. Purdy had Hale's authority for its efficacy in heart cramp. Viburnum opulus was not an unsafe medicine, it acted as a tonic, had no nauseating taste, was non-irritating, and could be conveniently given in the form of a powder. In judging of its value, one definite preparation should be used.

Dr. Castle regretted that the abstract unfortunately was a new preparation. There were different abstracts in the market. He could not find in the literature what dose to use.

Dr. Johnson suggested that it would be better to use a tiucture of the remedy.

Dr. Foster was very happy to have presented positive and well-arranged testimony to the value of viburnum opulus in dysmenorrhœa. He had not used the remedy himself, for lack of opportunity, and perhaps for the reason he was under the impression that viburnum was not expected to do good in dysmenorrhœa, except in that form which is accompanied by profuse menstruation. He had not had a case of that kind for the last few months. He had used viburnum prunifolium a good deal, and always as Dr. Castle prescribed it—in the form of a fluid extract in doses of half a drachm three times a day. Lately he had not employed it to any extent. He was pretty well convinced that it possessed some efficacy. He administered it in cases of dysmenorrhœa accompanied by excessive menstruation. Quite recently he came to the conclusion that it had no effect whatever, and as it was a very nauseous drug, he had almost concluded to discard it. In looking over his notes, however, he found one case in which it produced good results, that was all, he thought. He was, and had been for some time, thoroughly imbubed with the idea, so well expressed by Dr. Johnson, that dysmenorrhœa was in very many cases relieved by mental impressions. He had seen illustrations of this over and over again. He had frequently noticed that patients would feel comfortable for one or two periods, then nothing would give relief. He had seldom observed the alternations mentioned by Dr. Castle. These had been referred to the

alternating action of the ovaries, one acting one month, the other the next. If the dysmenorrhœa was ovarian in pathology, and but one organ effected, these alternations of pain and absence of suffering were to be easily explained in accordance with this doctrine. It might have been possible that he had not obtained a good sample of viburnum. He had never, however, designated any particular preparation in his prescriptions, and as these had had been put up in various parts af the city, he ought to have procured a good specimen occasionally. His patients objected to viburnum prunifolium as vile to the taste, most of them refusing to take it for any length of time. As to viburnum opulus, he hoped it might prove to be superior to its congener. He should specially investigate it, using the abstract, which was a good preparation for those wishing to dispense the drug themselves. In the matter of the case of hæmatocele, of which Dr. Purdy spoke, he could not see how a drug which had no hypnotic or anodyne effect, should be efficacious, how a remedy that had no action upon the hæmatocele should relieve the pain caused by it.

Dr. Purdy referred to a case mentioned by Hale, in which opium had been used, and then viburnum opulus, as a substitute. He had administered the remedy at a vemture in this case.

The Society then went into executive session.

BOSTON ECLECTIC GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY.

Dr. E. E. Spencer, President. Dr. R. A. Reid, Secretary protem.

The annual meeting for the election of officers, etc., was held on the evening of January 22nd. Dr. Merkel submitted his annual balance sheet as treasurer, showing the finances of the society to be in a favorable condition. He asked for instructions as to seeking a suitable investment for the same. Dr. Perrins, treasurer of the district society, stated that he had the funds of that organization on deposit. Dr. Merkel was authorized to place the funds which he holds in trust, in a similar manner. Dr. H. G. Barrows presented a report, as secretary, of the work done during the past twelvemonth; number of papers presented and their topics; new instruments or apparatuses exhibited; pathological specimens, etc. shown, making altogether a very creditable showing. He also tendered his resignation of the position which he has filled so well since the organization of the society, as he anticipated removing from Boston.

The committee appointed to nominate officers reported the fol-

lowing, who were duly elected: President, John Perrins; Vice-President, R. W. Geddes; Secretary, Pitts E. Howes; Treasurer, G. H. Merkel; Councillors, F. L. Gerald, J. P. Bills, and R. A. Reid. A vote of thanks was tendered the retiring president; to Dr. Merkel for favors shown the society; and to Dr. Barrows for the faithful and efficient manner in which he has discharged his duties. Dr. Merkel asked what action would be taken concerning members delinquent in the matter of dues. It was brought out that the delinquency was due more to inadvertence or forgetfulness than to intentional neglect, and the inquirer was instructed to personally wait upon members who were in arrears. Dr. Bills related a case, the facts of which were in substance as follows:

A girl thirteen years of age, while walking across the floor and apparently in usual health, fell, and was unable to rise without assistance. Being helped to her feet she was unable to stand and was placed in bed. Two days later the doctor was summoned, and diagnosed the case as paraplegia. The existence of a hard resisting tumor in the pelvic region was made out, the nature of which was not then determined.

Distention of the bladder was excluded, as for a day or more following the seizure the urine had been voided naturally. After that time, however, it had passed involuntarily and in *great quantities*, the condition of the bed amply testifying to the fact. There had been no marked tenderness over the region of the bladder, except in applying lateral pressure to the tumor, when some pain was complained of.

There were reasons why the theory of pregnancy might be entertained, owing, in part, to the conduct of the patient some months previous, but she was given the benefit of the doubt and no accusations were made. Later, counsel being desired, an eminent physician from Boston was summoned, who thought the case so far as external evidence went, pointed towards pregnancy. This was valueless as proof alone, and an examination per vagina was proposed. The patient being etherized, the catheter was introduced to draw off what urine might remain, when to the great surprise of those in attendance, in place of a few drachms two and a half pints of urine heavily loaded with urates were withdrawn, after which no tumor could be found. A flexible catheter was worn for a few days, and the bladder was irrigated daily. Corn silk, nux and gelsemium were given as indicated, and the case made a good recovery.

Dr. Reid was of the opinion that incontinence of urine was, with a few exceptions, always due to overflow from distention of the bladder, either due to obstruction or to loss of contractile

power of that viscus, and that when the urine was said to be voided involuntarily the catheter would reveal it to be only the overflow of a bladder filled to repletion, and in all protracted febrile conditions, or where the perceptions were blunted as in the typhoid state, the physician should never omit by frequent external examinations, by percussion, etc., to ascertain the state of that organ. If he was to judge by his experience, he would say that retention and incontinence were not uncommon in weakly, nervous girls and hysterical women, being a well recognized feature of the condition known as the hysterical state. Of course anti-hysterical remedies and measures were indicated in such cases, and among the more useful of the latter were cold douches. If left to itself, however, the bladder would not burst, and placing the patient in a tub of cold water, (hips and loins,) would be apt to quickly bring relief.

Sir Henry Thompson had said that there was no principle more important to remember in the treatment of diseases of the urinary organs, than that an involuntary flow of urine, in adults, indicated a distended, not an empty, bladder.

Dr. Spencer reported the following case: Several years since, he was called to see a woman about thirty years of age, unmarried, who was said to have taken cold and was quite feverish. The family was one with which he was well acquainted, but the patient was a visitor and unknown to him. She stated that she had been well until the day previous, when she experienced difficulty in voiding urine and had not passed any since the evening previous; this was in the afternoon.

He was unable to discover any signs of retention or suppression, neither did his patient show any signs of illness, but said she felt badly. He gave what he considered proper directions, and did not see her again for twenty-four hours. There was no apparent change; urine had not been passed; no distention over the bladder nor pain in that locality, but she felt as though she would like to pass water. He was satisfied there was not water in the bladder, and felt strongly impressed that for some unknowable reason the patient was deceiving him, but how she could do so was a mystery, as he had given strict orders that she should not be left alone a moment, to allow a possible chance to dispose of any urine she might pass. He did not give her much medicine as he saw no special manifestation of physical disturbance.

On the fourth day he declared an operation necessary, and went to his office for instruments, and procured a quantity of catheters and bougies, metal and elastic, two or three pairs of forceps, and as many speculums of different kinds. Tossing the

whole on a table in full view of the patient, he called for a basin of hot water. He was soon asked to retire from the room for a few moments. Within ten or fifteen minutes he returned, and was told the patient had passed her urine and was shown about one and a half pints, which the nurse said had just been voided by the woman. He had no farther trouble with the case. She stoutly maintained that she had not passed any urine during the time indicated, the nurse, a very intelligent person, insisting that if she had, it was beyond her comprehension how she disposed of it.

He inquired, "*Could* that length of time elapse (about eighty hours) with so little disturbance, if no urine had been passed? If so, what effect had the show of instruments, that caused the passage so suddenly?"

NEW YORK COUNTY MEDICAL SOCIETY.

THERE had not been such a gathering of the members of the County Medical Society of New York in a dozen years as that which occurred recently at the College of Physicians and Surgeons. It was a special meeting, with a special purpose before it, and was called at the request of twenty members, headed by Dr. Lewis A. Sayre, "in order," as the call stated, "to ascertain the sentiments of the members in regard to the newly adopted code of medical ethics."

At a former meeting, when only forty members were present, Dr. Sayre had moved to instruct the delegation from the county to the State Society to use their best efforts to secure the repeal of the new code. Dr. Sayre was "sat down upon," as he himself afterward expressed it, by a vote of 31 to 9 to lay his motion on the table. Hence the special meeting. Dr. Sayre was too ill to be in attendance, but every other doctor in the city seemed to be there, we are informed, accompanied by his friends.

A circular entitled "The New York Code of Medical Ethics in Some of its Legal Aspects," was distributed. The following are extracts from it:

The new code includes the material provisions of the old one, but it also contains one rule which is unquestionably new, which its friends regard as a reform in the interests of humanity and in conformity with the legislation of New York in relation to medical practice, but which its opponents, both in New York and in other States of the Union, have assailed as a "disgraceful act," "in disregard of a custom approved and sanctified by the wisdom of ages," and "a complete surrender to homœopathy." The rule thus vehemently assailed is as follows:—

"Members of the Medical Society of the State of New York,

and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity." The objections to this rule are that it does not fairly express the opinion of the majority of the members of the county medical societies, and should be reconsidered by the State Medical Society at its next annual meeting, and at such meeting the delegates of the county medical societies should be required to vote as they may be instructed by the county societies. The issue, we are told, is code or no code, and the question is, Shall the physician be left to the unwritten law of conscience, professional honor and humanity, or be governed by statutes?

The advocates of the new rule contend that it is not their purpose to do away with the written code of ethics. An objection to one restriction is not an objection to all restrictions. An important circumstance controlling the question of consultations is the fact that the Legislature has recognized a large class of practitioners as legally qualified whom the old rule would not allow members of the society to consult with; and it is better to conform to the legislation of the State, and seek to guide and enlighten it, than to resist or disregard it.

Tha dignity of the medical profession and the interests of medical science are not the paramount considerations. The sufferings and anguish and peril of the sick and afflicted of to-day are the paramount considerations and control this controversy. *Salus populi, suprema lex.*

The president called the meeting to order. The secretary read the call, which had been signed by Drs. L. A. Sayre, P. T. Thomas, and others.

After an awkward silence, Dr. Roosa arose and said that he naturally supposed that those who had called the meeting would have something to offer. Such not being the case he proposed the following:—

Resolved, That the Medical Society of the County of New York approves of the amendment of the by-laws of the Medical Society of the State of New York, adopted at the annual meeting af February, 1882, and that we indorse the system of medical ethics therein substituted for the former one, especially because it leaves the matter of consultations to the discretion, the honesty and the humanity of the individual practitioner, and although we decline to instruct our delegates to the State Society we respectfully recommend to our representatives that they labor for the simplification of the system of medical ethics until it shall not contain specific rules for the regulation of professional eti-

quette, but only authorize procedure against conduct plainly unworthy a physician and a gentleman.

The reading of the resolution was applauded and then Dr. Piffard offered the following as a substitute :—

Resolved, That the society reposes confidence in the intelligence and integrity of the delegates recently elected by it, and that it trusts them to act in such a manner as shall best conduce to the interests of the medical profession in this city, State and county.

Dr. Roosa said that he believed an influential minority wanted to discuss this matter here and now and he thought that those who favored the new code would be accused of cowardice if the substitute were adopted. It was time, he said, that the Medical Society of New York managed its own affairs without advice from Oshkosh, Tuscaloosa or Philadelphia. He said the old code represented the leisure of a respectable English gentleman. The argument centred simply on the question of free consultations, and did any sensible man suppose that the supporters of the new code had suddenly been overcome by the shade of Hahnemann; that they had become converts to the increased power of infinitesimal doses?

Dr. Garrish arraigned the supporters of the new code for having acted without first ascertaining the will of the majority of practitioners in the State. He had never consulted in his life with homœopathic physicians. He had too much respect for them. (Loud laughter.) He meant to say he had too much respect for himself.

Dr. Jacobi said the public was more homeopathic than the homeopathists themselves. He objected to Dr. Roosa's resolution because it sounded like instructing the delegates.

Dr. Roosa then struck out the last clause of his resolution, and Dr. Piffard withdrew his substitute.

Dr. Dwyer offered the following as a substitute for Dr. Rossa's resolution :—

Resolved, That the code of ethics recently adopted by the New York State Medical Society should be rescinded.

Dr. Austin Flint said he thought the old code was defective in some respects, but it contained rules and sentiments of which the profession ought to be proud. It could never be abrogated. If they refused to consult with homeopathists in the days when they honestly believed in homeopathy how could they consult with them now that they were no longer honest? (Applause.) Let the homeopathists do away with their organization and their name; he cared not what opinions they held.

Dr. Agnew indorsed the new code and quoted the aphorism of

Jefferson that error might be free where truth was free. Error was never corrected by persecution. He referred to the old code as "a proscriptive, trades union code," and said it could no more be restored than could the fugitive slave law.

Dr. Fordyce Barker declared that it was a base, reckless and arrogant assumption to say that free consultations were urged for the sake of the fees that could be got out of then.

Dr. Pomeroy who prefaced his remarks with the singular statement that ha had not given the subject a moment's consideration, proceeded to give some leaves from his experience. He recited case 1 and case 2, and was starting in with case 3 when the previous question was ordered on the substitute, and the yeas and nays were demanded.

The secretary laid out his long roll of 900 members and some one inquired if those persons could vote whose dues were unpaid. "No," said the President, and there was an instantaneous rush for the treasurer. A third of the members left their seats and a recess of ten minutes was taken. Twice that amount of time was occupied in those financial transactions, however, and then the roll was called on the substitute. When Dr. Sayre's name was reached the President began to read a letter from that gentleman fiercely denouncing the new code. Before the reading was finished a motion was passed to receive the letter and place it on file. It took a long time to call the roll, but the result was finally announced as 60 in favor of the substitute and 147 against.

A motion to adjourn was put and lost. Then a standing vote was had on Dr. Roosa's motion, with the result of 135 affirmative to 43 negative, and the meeting adjourned.

SELECTIONS.

THE PATHOLOGY OF DEATH FROM BURNING.

Zillner has published more extended reports of the examinations made by him of the corpses of those who perished in the burning of the Ring Theatre, in 1881. All the bodies, even those which exhibited no external marks of injury, were more or less covered with a thick layer of soot. The upper extremities were strongly abducted from the shoulder, the elbows were bent, and the forearms pronated, so that the backs of the hands lay near the face. A fighting attitude was thus simulated in some cases. This was due to shrivelling, and consequent shortening of the muscular fibres, by the action of heat. The large cavities, and more especially that of the abdomen, were

often burst, even in bodies not otherwise much injured, and the bowels protruded. In females, the tympanic state of the abdomen frequently simulated a state of pregnancy.

The blood showed every grade of consistency, from the normal, through the viscid state, up to a completely friable dry mass, in which last condition the blood-pigment was found to be in an insoluble state. Occasionally, the blood formed a dull lustrous mass in the uninjured heart and blood-vessels. Examined spectroscopically, the blood always showed the bands of carbonic-oxide-hæmoglobin, even in the case of bodies which had remained buried beneath rubbish for a month. In all the bodies which were incinerated, the heart was found in disatole, and rigidly distended with clotted blood. This sometimes gave rise to a suspicion of concentric hypertrophy; but the thin walls of the organ at once revealed the nature of the appearance.

The bones exhibited every stage of burning, from a simple combustion up to a complete calcination. The jaw was mostly firmly closed. The muscles, where the skin was unbroken, had a boiled appearance; but, where they were charred, the odor was that of smoked meat. The drying up of the flesh, and its permeation by pyrogenous products, obviously retarded the advent of putrefaction, In the eye, the application of lower grades of temperature manifested itself as a turbidity of the cornea, and complete opacity of the lens, giving the appearance of cataract. The larynx, trachea, and nostrils, were often filled with foreign material from the stomach, perhaps due to the vomiting excited by carbonic oxide. The urinary bladder was often full of urine, even when the abdomen had burst. Occasionally, where the bladder was empty of urine, it contained a gelatinous substance with embedded blood-corpuscles. This was found by E. Ludwig to consist of gelatin, probably derived from the connective tissue by the action of heat. Similar gelatinous masses were found in the uterus in some cases; and this organ was found to be very resistant to the action of heat.—*London Medical Record*, December 15, 1882.

PUDDINGS AND PIES.

The Lancet struck a most responsive chord in the British bosom recently whe it announced that plum-pudding was a wholesome and nutritious article of diet. It contains, says this authority, force equivalent to two hundred and fifty foot-tons; and the opposition to utilizing such an appetizing form of energy is characterized as "middle-age prejudice."

Now what the plum-pudding is to English hearts of oak and

stomachs of similar robustness, the pie is to the American. We should, perhaps, say to the American Yankee; but this individual has distributed himself and his pies so universally that a distinction is now hardly needed. And the American pie deserves a word of encomium quite as much as the English pudding.

There is a "middle-age prejudice" also among us against pies; but it is, we are sure, quite as irrational as that against puddings. There is not quite so much potential energy in the former as in its equivalent weight of the latter. But man does not eat for the sake alone of storing up solid "chunks" of force. And certainly, there is much about the pie to make it more digestible than the pudding, if it is not quite so compactly nutritious. Out of the records of a very large clinical experience we have been able to collect no facts which prove that pie properly made never caused dyspepsia. It is a general custom, and a wise one, to prohibit pastry and cakes and puddings when dyspeptic symptoms appear; but we should be inclined to hold on to the pie longer than to the other forms of sweetness. Dyspepsia is confessedly very common among Americans, and the ubiquitous pie has been sometimes charged with being a potent factor in these gastric ills. But only superficial philosophers will thus malign an article of diet which has brought so much real sweetness and comfort into the life of the hard-worked Yankee. Dyspepsia prevails as much among the rural populations of some Southern districts, where life is pieless, and (to Yankee apprehension) meaningless, as in the North.

In fine, pie, well-made pie, is digestible, and may be taken with impunity by those to whom plum-pudding is, peptically, a terror. If made with fruit, it is antiscorbutic; if with other materials, decidedly nutritious. Under any conditions it is more wholesome than that leviathan of culinary art the plum-pudding. Nor do we feel confident that *The Lancet's* recommendation of this latter article should be taken by Americans without great caution.

HÆMOPTYSIS DEPENDENT UPON HÆMORRHOIDS.

Dr. Lewin recalls the views of the older writers as to the relationship existing between hæmorrhoids and attacks of bleeding from the lungs. He relates two cases occurrring in his practice in which hæmoptysis took place. There was no cough, and physical examination by himself and others gave absolutely no signs of bronchial or pulmonary disease. In both cases the hemorrhage was considerable, yet both recovered without any subsequent lung affection. Both patients suffered from hæmorrhoids.

Lewin thinks that many cases of hæmoptysis, without apparent cause, may be thus explained. He argues that in a hyperæmic condition, such as hæmorrhoids, if local bleeding do not occur, the distended circulatory apparatus must be relieved by vicarious action. He instances some observations of Ruhle, in which hæmoptysis in hæmorrhoidal subjects was arrested by leeches applied to the anus.—*Berliner Klin. Wochenschrift*, December 18, 1882.

LARGE DOSES OF ALCOHOL IN SCARLATINA.

At the last meeting of the Academy of Medicine of Cincinnati, O., Dr. Giles Mitchell reported forty-three consecutive cases of scarlatina treated with large doses of alcohol, without a single death. The quantity of alcohol given in some cases was enormous. To a patient two years old a half ounce of whiskey was given every hour for a number of days, without having any other than a favorable effect, and without producing any symptoms of alcoholic intoxication. The doctor claimed that when this treatment was instituted, the disease had always pursued a more favorable course, hyperpyrexia being neither so frequent nor so prolonged, nor were renal complications so likely to ensue. In case the kidneys became affected, the alcohol was still pushed, and the complication fully relieved. If the temperature was high before the administration of the remedy, it would rapidly fall below tne danger-line after the treatment was instituted. The report of Dr. Mitchell called forth a lengthy discussion from the members of the Academy. Prof. Whittaker thought that the favorable influence exerted by the remedy was due to its antimycotic properties. He had no doubt that the brilliant results obtained were due to the antiseptic and parasiticidal properties of alcohol, as manifested in these cases by the destruction of the germ of scarlatina. Prof. Reamy was a firm believer in the efficacy of large doses of alcohol. He attributed its good effects rather to its influence in preventing tissue-metamorphosis, to its value as a food, and to its antipyretic action.—*Philadelphia Medical Times*, December 30, 1882.

SUPERINVOLUTION OF THE UTERUS.

Dr. Sinclair, at a meeting of the Boston Obstetrical Society (*Boston Medical and Surgical Journal*, December 21, 1882), reported a case of what he regarded as uterine superinvolution. The woman was twenty-six years old, and, after the third childbirth, she ceased to menstruate. Although plump and well, she was very nervous. There had been no menstruation for a year

when she consulted Dr. Sinclair, who found an extremely small, infantile uterus. This would not admit a small uterine sound, but a probe could be passed up two and a half inches. She is now thirty-six years old. A year ago the husband had called to say that his wife was in charge of a physician who said that the trouble was due to a ruptured perineum and lacerated cervix. Dr. Sinclair claimed an examination in his own defence, and found no laceration whatever.

PATHOGENESIS OF VARICOSE ULCERS.

It is evident enough that varicose ulcers are caused by the presence of varicose veins. But that something further is necessary for their production is shown by the fact that ulcers are not formed in every case, even of marked varicose veins. This second necessary condition has been supposed, by several observers, to be a neuritis in the affected limb. That this supposition is correct, M. Quinn believes to have demonstrated by examination of the nerves of the member. He states that he has always found a neuritis. This could not have been caused by extension of the inflammation from the neighboring tissues, as the portions of nerve examined were taken at a considerable distance from the ulcer. It could not have been an ascending neuritis, as then the sclerosis would have attacked only those nerves whose distribution corresponded to the seat of the ulceration, which he states was not the case. M. Quinn thinks the neuritis is occasioned by varicose dilatation of the veinules passing from the nerve-trunks. This dilatation is accompanied by phlebitis, and the inflammation is quickly propagated to the nerve-sheaths.—*Journal de Medecine de Paris*, December 22, 1882.

PLEURISY WITH INTERCURRENT ANASARCA.

Dr. Rossignol relates the case of a cavalryman, twenty-one years of age, who was admitted to hospital, suffering from a slight attack of bronchitis of the larger tubes. He had never had any severe illness. Eight days after admission he was seized with repeated chills, fever, sweating, and pain in the chest. Pleurisy with effusion was developed on the left side. The disease ran its usual course, though somewhat slowly, during a period of five weeks. At that time slight œdema of the feet was noticed, but was attributed to the anæmic condition of the patient, and to slight obstruction to the circulation. On the following day, however, there was another chill with fever and sweating, and on the day succeeding that there was marked general anasarca. The heart was perfectly normal, and there was not the

slightest trace of albumen in the urine. The fluid in the chest re-accumulated when the anasarca set in. The œdema gradually disappeared under appropriate treatment, and at the time the report was made (two months later) the patient was nearly well. Dr. Rossignol offers no satisfactory explanation of this curious occurrence.—*Archives Medicales Belges*, December, 1882.

DOUBLE EXISTENCE.

Dr. Verriest relates the case of a woman who passes her life in two entirely distinct and alternating states. In one of them she can talk, but cannot swallow liquids; in the other she is able to swallow, but is deprived of all power of speech. While in one state she remembers perfectly all that has happened previously in that same state, but is totally oblivious of everything that occurred in the alternating existence. Lately, a third state has developed, the external characteristic of which is a total paralysis of the right leg. All remembrance of this condition is also lost when once the patient has emerged from it.

A similar case has been recorded by Jessen. A young woman fell suddenly into a deep sleep, and upon awakening had lost all memory of past events. She was obliged to relearn to read and write, and to make the acquaintance again of persons with whom she had formerly associated. After a few months she returned to her former condition. Thus she continued to alternate between the two states of existence, the change being always preceded by a deep slumber. Memory was retained only for events happening in the like states, and was lost for the alternating periods. Two other cases of a like nature have been reported by Schroeder v. d. Kolk and Azam.—*Deutsche Medizinal-Zeitung*, November 23, 1882.

HYSTERICAL HAIR-CURLING.

A very curious and unique case, which is denominated as above by Mr. Le Page, of Durham, England, hysterical hair-curling, is reported in the *Lancet*. The history is suspicious, but the facts are well vouched for, as will be seen. The patient, aged seventeen, with a history of irregular menstruation, had felt ill with various neurotic symptoms, and a feeling of "pins and needles" over the scalp and general numbness of sensation. In the evening she washed her head in tepid water. After partially drying her hair with a towel (she did not approach a small fire which was in the room), and while so engaged in the presence of her parents, nearly the whole of the hair on the right side of her head drew up in a hard lump, and felt as if it would pull

the roots out. Her father and mother were engaged until nearly two o'clock the next morning in the endeavor to untangle and straighten the almost solid mass, with but little success. The few ends combed out were spread on a pillow she then slept on; on awaking they found them drawn up as before. The hair on the left side of the head was quite smooth, very lightly waved, and not in the least tangled or drawn up. Viewed with the microscope, it was evident all the hairs which are contracted are flat, while those hairs which remain comparatively straight or looped and festooned are round. This disposed of a shadow of suspicion which naturally accompanies any unexplained phenomenon in a "hysterical" female. Viewed without the microscope, it was at once evident that no dexterity could have produced the condition of the hair. Mr. Le Page's hypothesis in explanation of the case is that excessive nerve-tension found vent in the pigmentary portion of the hair—viz., that some change analogous to electrolysis took place in the medullary portion, leading to chemical change, decrease of bulk, and contraction. Sir Erasmus Wilson regarded the condition as very interesting and extraordinary, and, as never seen by himself, had desired and received permission to deposit Mr. Le Page's specimen in the dermatological department of the museum of the Royal College of Surgeons of England.

HOW TO APPLY THE SODA REMEDY IN BURNS AND SCALDS.

It is now many years ago (see the London Medical Gazette of March, 1844), that the author of this paper, while engaged in some investigations as to the qualities and effects of the alkalies in inflammations of the skin, etc., was fortunate enough to discover that a saline lotion, or saturated solution of the bicarbonated soda in either plain water or camphorated water, if applied speedily, or as soon as possible, to a burned or scalded part, was most effectual in immediately relieving the acute burning pain; and when the burn was only superficial, or not severe, removing all pain in the course of a very short time; having also the very great advantage of cleanliness, and, if applied at once, of preventing the usual consequences—a painful blistering of the skin, separation of the epidermis, and perhaps more or less of suppuration. For this purpose, all that is necessary is to cut a piece of lint, or old soft rag, or even thick blotting paper, of a size sufficient to cover the burned or scalded parts, and to keep it constantly well wetted with the sodaic lotion so as to prevent its drying. By this means, it usually happens that all pain ceases

in from a quarter to half an hour, or even in much less time. When the main part of a limb, such as the hand and forearm or the foot and leg, has been burned, it is best, when practicable, to plunge the part at once into a jug or pail, or other convenient vessel filled with the soda lotion, and keep it there until the pain subsides; or the limb may be swathed or encircled with a surgeon's cotton bandage previously soaked in the saturated solution, and kept constantly wetted with it, the relief being usually immediate, provided the solution be saturated and cold. What is now usually sold as bicarbonate of soda is what I have commonly used and recommended; although this is well known to vary much in quality according to where it is manufactured—but it will be found to answer the purpose, although probably, Howard's is most to be depended on, the common carbonate being too caustic. It is believed that a large proportion of medical practitioners are still unaware of the remarkable qualities of this easily applied remedy, which recommends itself for obvious reasons.—F. Peppercorne in *Popular Seience Monthiy* for March.

ACID PHOSPHATE IN INEBRIETY.

In the Quarterly Journal of Inebriety Dr. Crothers, writing editorially, thus speaks of the acid phosphate:

The use of phosphoric acid in inebriety is very general, and the results are in most cases eminently satisfactory. It seems to act as a nerve tonic and sedative of peculiar power after the withdrawal of alcohol and ddring the first stage of convalescence. For many years I have used the ordinary preparation of dilute phosphoric acid with some bitter tonic, generally an infusion of gentian or calumbo, getting excellent results within a limited period. But occasional uncertainity and limited duration of its action has been a source of annoyance that could not be explained. For instance, in one case after a few day's use an intense irritation of the stomach and indigestion would follow, the system apparently only tolerating small doses at intervals of days. In other cases this remedy was followed by rapid restoration and signal good results up to a certain unknown point, then revulsion would take place. After an interval of rest the same marked results would appear for an equally uncertain time. No change of formula ordered had any influence over the uncertain action in some cases. Within a year I have used the acid phosphate by Hosford of Providence, a preparation composed of phosphoric acid, with the phosphates of lime, magnesia and potash. In the experience so far, in the same cases in which the ordinary form of phosphoric acid was used, none of the unpleasant effects mentioned above

have been noticed. The sedative effects seemed quite prominent, in many cases lessening nerve irritation and the general insomnia, which is so very common in these cases. Two facts are clear from my experience, viz., that it is more positively a brain and nerve tonic for the disorders of inebriety, and that the system will tolerate its use longer with more permanent good results. In many cases of insomnia its action has been prompt and very marked, producing sleep equal to chloral or the bromides. This remedy should receive careful study by all who are treating inebriety; at present it gives promise of being almost a specific. Hence it should be tested clinically and its real value determined.

A RELIABLE EMMENAGOGUE.

I see articles upon the subject of emmenagogues, and will simply state, that since using "aletris farinosa," I have dropped all of the formidable array of emmenagogues classed as such. It is strictly a uterine tonic, quitening the womb that is making effort to abort, and at the same time producing the menstrua when deficient, irregular and scanty. I have had several cases representing the form above, all of which were entirely relieved, and where the menses were deficient or scanty and irregular, not only producing perfect functional action, but in two or three causing the parties to become pregnant, and the healthy mother of the child with all untoward previous symptoms disappearing. So that after the period of lactation had ceased, the uterus would resume without further treatment of its normal functions. Aletris farinosa is as much a specific for these troubles as quinine and its preparations are for chills and fever; surer, because I have failed with the latter—never with the former.—Dr. Duncan, *Therapeutic Gaz.*

SULPHATE OF ATROPIA IN THE TREATMENT OF CORYZA.

According to Dr. Gentilhomme, sulphate of atropia (from a quarter of a milligram to one milligram, given as a pill say one half minim to two minims of the *liquor*) has an immediate effect in the first stages of coryza, often arresting the progress of the disease. It also produces great relief when the coryza is confirmed, but its action is less remarkable than at the beginning of the inflammation. When bronchitis exists at the same time, sulphate produces an equally favorable effect upon the bronchial mucous membrane. The employment of sulphate of atropia is based upon the fact that it has the power of lessening the nasal mucous secretion to the extent of complete arrest; and at the same time it acts beneficially upon the vessels by relieving their congestion.—*Practitioner.*

EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*

SEVEN WEEKS WITH A BULLET IN THE BRAIN.

The case of little Louise Stannard who was shot by a child playmate and for nearly two months has been living with a bullet in her brain, has excited much interest in medical circles in New York and vicinity, and her apparent progress toward recovery has been closely watched. The child was but twelve years of age and was shot on the 26th of December last, the instrument of death being of the fatal toy-pistol kind, purchased for thirty-five cents, by a companion of her own age who had pushed into it ball cartridges of 22-calibre. It was only a repetition of the old story, the girl said, in a jocular way, "I dare you to shoot me;" there was a report and a bullet passed directly through the centre of the girl's forehead, and into the brain. A cursory examination revealed the character of the wound, it being one which seemingly must be speedily fatal, but to the surprise of all, the girl rallied from the shock, and the day following was able to give a very clear account of the accident, and for seven weeks retained command of her faculties sufficiently to eat well and to feed herself regularly. Of course it would have been unwise to probe the wound in an attempt to locate the bullet, and as no paralysis or other evidence of brain injury or pressure ensued, the hope began gradually to be entertained that the missile would become encysted and so harmless, but on the 15th ult., when it seemed as if she had really struck the "one chance in a thousand," almost without a moment's warning, she died. Probably an abscess had formed and suddenly pressed upon the brain. We are glad to know that the vender of the toy pistol will be held to a strict accountability. Gunshot wounds of the head are always to be looked on with grave apprehension, for even simple contusions may be accompanied by fatal injury to the brain, and many histories are on record showing the rapidly fatal result following various excesses, after injuries which were supposed to involve no deeper mischief than a mere bruise or a small contused wound of the head. When the brain is known to have been penetrated, *e. g.*, by a bullet, the case is well-nigh hopeless, though foreign bodies of large size and considerable weight have been lodged within the skull, in contact with the brain, for some time without occasioning death. Cunningham has reported a case in which the breech of a pistol weighing a little over an

ounce penetrated the brain and lay upon the tentorium twenty-four days before death resulted, while an English officer lived seven years with a similar object weighing three ounces lodged in his forehead and penetrating the brain. Children and laboring men, bear such injuries best, and the former have been known, more than once, to bear extensive injuries to the brain and even the loss of considerable cerebral substance without any very serious effects either immediate or remote, and it is not so very uncommon to see them live for some days with an injury that must have been rapidly fatal to an adult. In all such cases the question of trephining is sure to come up, on the ground of giving the patient the last chance. It seems to be the opinion of the most experienced surgeons that trephining destroys that last chance. Two or three instances are known in which a ball has been traced from its entrance across the brain and removed by trephining, but there are but two or three, while there are many others in which the operation for removal of a foreign body has apparently led to an immediately fatal result. Furthermore spiculæ of bone are often carried into the brain by the ball and could not of course be removed even if the ball itself could, so that the operation will become a dangerous complication of the original injury, without any probable good, and if we were consulted as to the wisdom of trephining, we would, unless the case was a most exceptional one, recommend Punch's advice to those contemplating matrimony—"don't."

DIETETICS OF THROAT AFFECTIONS.

Just now when throat affections are rife the consideration of appropriate dietetic measures in connection with them may not be out of place. It is to be borne in mind that in throat affections, three distinct functions are, as a rule, interfered with; viz., deglutition, respiration, and vocalization, and the principle difficulty lies in the impossibility of giving them perfect rest, two of them at least, being vital functions. We must endeavor however to to put as little work on each as possible. In all cases of relaxation and congestion of the pharyngeal muscous membrane, every form of spices, pepper, and hot condiments should be avoided as should also all applications purely astringent in character whether in the form of gargle, spray, or what not, as the almost invariable effect of such is to increase the dryness which is a usual accompaniment of the relaxed condition. Much better for this dryness is the use of some mucilaginous preparation, nothing being better than to allow a bit of gum arabic to dissolve in the mouth occasionally. Ice is often more grateful, but in order to avoid injury to the digestion it should always be taken between meals instead

of just before one. In some cases the taking of even the softest food is attended with difficulty and distress and then an essential is the giving of food in as concentrated form as may be, so as to impose as as little labor as possible. Milk can generally be taken or at least the juice of a piece of underdone beaf steak either being a food of the greatest value. Another capital form of nourishment and one that can generally be made use of even when considerable obstruction exists, being very useful indeed in œsophageal stricture, is a raw egg broken into a glass and seasoned with vinegar and salt and swallowed whole like a raw oyster. The yolk breaks just at the moment of swallowing and forms an agreeable and soothing emollient application, while at the same time it is a substantial and easily digested nutriment. Prepared in this way—whole—an egg can often be taken when it would be rejected if beaten up and spoilt by the addition of wine or milk.

AT HOME AND ABROAD.

Homeopathy seems to be following the pathological law of erysipelas—fading out where it originated, as it spreads to new regions—if we may judge from the following lament from the Homeopatische Rundschau of Leipzig, "while we feel proud of the spread and rise of homeopathy across the water, we are overcome by sorrowful regrets at the position homeopathy occupies in Germany." With this unfavorable outlook for homeopathy in the land of its birth, might be quoted the following from the Homeopathic Times concerning its status in this country. "What ever the influences have been which checked the outward development of homeopathy it is plainly evident that the homeopathic school as regards the number of its openly avowed representatives has attained its majority and has begun to decline both in this country and in England."

DOCTORS IN HOT DEBATE.

We publish elswhere a report of a spirited meeting of the New York County Medical Society, which is of interest since it indicates the sentiment prevailing in New York city and vicinity regarding the code, and also suggests to the secretaries of similar organizations an efficient method of collecting dues from delinquent members. The meeting called to rescind former action reaffirmed it. At the meeting of the state organization although strenuous efforts were made to have the society retrace the step taken last year, it was voted, by a large majority, to defer farther action for a twelvemonth. It has been stoutly maintained that the adoption of the new code was chiefly the work of specialists,

but of the large number of votes in favor of retaining it, barely a dozen were cast by them. We have no other interest in the matter than that we admire the spirit of that society in not being either coerced nor cajoled into deserting a position which they felt to be just and right.

Dr. Milbrey Green of this city has been seriously indisposed for several weeks, suffering from a severe attack of acute laryngitis, and also from the effect of wounds received at the battle of Fredericksburgh. Our readers will be glad to know that he has so far recovered as to be able to ride out, though not as yet able to resume practice.

An old lady who lives in Massachusetts heard that Mr. John Bright was going to visit this country. "Well," said she, "I hope he won't bring his disease with him."

SINS LAID AT DOCTORS' DOORS.

If we were to believe one half of what secular papers print about doctors we could not help thinking that the profession of medicine is beset with peculiar temptations. Every day the charge is made that a doctor has been criminally or scandalously familiar with some one of his hysterical and shameless patients; or that an abortion has been committed through illicit means. Such are the alleged sins of medical men, or incident to the practice of medicine. The first charge is usually made against doctors having means and a good reputation. Parties making the allegations are commonly such as have little to lose and something to gain. If they can find a medical man who, innocent though he be, will give five hundred dollars in preference to having his name appear in a scandalous manner in the public prints, they gloat over the ill-gotten gain; and when the money is gone they will seek another victim, and thus continue their detestable trade. To avoid such traps well-to-do doctors must shun those women who have no reputations that can be damaged by seeking blackmail.

The second charge—that of criminal abortion—is generally brought against starving doctors who are induced by a pecuniary "consideration" to violate both civil and moral law. Parties "in trouble" avoid the reputable physician, and seek one as poverty stricken as the apothecary of Mantua. The needy in such cases are sometimes bribed to execute what is revolting to conscience, and perilous if found out. Another entangling feature of the wretched business in that "parties" who have once escaped

"exposure" by the instrumentality of the "doctor," are liable to fall into the same "trouble" again; and then they, with assurance, *demand* what they have before purchased and obtained. The "helper" is then committed, and cannot well refuse, even if he would.

The young physician is occasionally persuaded by the solemn asseveration on the part of the patient that she will die before revealing the secret; and she then thinks she will, but if her "trouble" bring her to death's door, as it often does, she is not likely to die with a lie on her lips or smothered in her breast. A coroner's investigation discloses clues that compromise the reputation of the person committing the "malpractice," and which may convict after a costly and vexatious trial.

The "catiff wretch" who solicits penal traffic is wholly mercenary in his motives, and cannot be moved by anything except the terrors of the law. He has neither social nor professional standing to lose.

H.

THE INFLUENCE OF DIET ON THE TEMPER.

It is generally conceded that diet has much to do with the mental state of an individual and of a nation. The Sioux, for instance, feed chiefly upon meats, and are consequently a robust, brave and pugnacious people; on the contrary the root-eating Indians of any region are stupid, cowardly, and degraded.

Meat-eaters, the world over, are fierce and aggressive, while vegetarians are meek and submissive. However, Roden, of Wandering Jew fame, maintained a vigorous energy, yet lived chiefly on radishes. Perhaps the pungency of the vegetable exalted his energies. Shiller avowed that Krout evolved poetic ideas; and Victor Hugo declared that chestnut pudding was nutritious and stimulating enough to sustain intellectual effort.

Dr. Graham taught that a vegetable diet was competent to sustain vigor of both body and mind. Although he was thin as Don Quixote, and died prematurely, he announced that he never felt better than after dining on boiled cow-slips, seasoned with vinegar.

Dr. Tanner, who fasted "forty days and forty nights," and believed himself pregnant with the big truths of science, has lately been teaching a dietary gospel in Europe. He thinks that a good variety of "garden sass" is better than American "flesh-pots" highly seasoned and washed down with whiskey. His opinion is that the Irish have become quick witted by a diet of potatoes, especially when the tubers are chemically converted into "poteen." The profound faster and philosopher has discov-

ered that the bean is highly charged with phosphorus, and that fatty fish are not necessary as cerebral stimulants.

In making experiments with various vegetable products, Dr. Tanner utilized his wife; and thereby learned that French beans made her temper brittle, and filled her brain with illusory dreams. After feeding her on three pounds of beans a day for two weeks, all other food being withdrawn, the otherwise amiable woman lost self-control upon slight provocations; and in one of her flighty states she dashed a pitcher of water at her scientific lord. "There, there," he exclaimed, "is positive evidence of the validity of my theory. Beans are too stimulating for one of her excitable temperament. While I fed her on turnips she manifested a sweet temper. French beans convert the brain into an electrical battery, especially when given in large quantities. Hereafter my wife shall have only a pint of thin soup daily. Too much phosphorus for her sensitive and impressible constitution."

At last accounts the worried woman had sued for a divorce, alleging in her plea that she was tired of her husband's cranky experiments. It is surmised that the courts will hear her prayers and grant her request.

H.

CONSISTENCY.

At the late Kansas state meeting of eclectics a prominent member of the association ably advocated "prohibition" as to the liquor traffic; and another member with equal zeal proclaimed against compulsary vaccination, thus if the wishes of individuals could be executed, *drink* would be restricted, and *small-pox* granted free licence.

To what church, or to what political party, would they have eclectics belong?

H.

OBITUARY.

Maria B. Hayden, M. D., who for thirty years has been a practicing eclectic physician in Boston and New York city, died on Sunday morning at her residence, East Thirty-second Street, New York. Mrs. Hayden was born in England fifty-seven years ago. She came to this country in 1853 and settled in Boston, where she married. Her husband is Dr. William R. Hayden, now of Bedford Mineral Springs, Mass. Mrs. Hayden was known in the profession, in which she stood very high, as "the

mother of eclecticism." Her practice was very extensive. Among her former patients were Dr. Lorillard, brother of Pierre Lorillard, and Horace Greeley. She attended the latter for several years and almost to the time of his death. Mrs. Hayden was a woman of ripe culture, and numbered among her intimate friends many whose names are prominent in the world of literature. Among them were Sir Edward Bulwer Lytton, Henry W. Longfellow and William Cullen Bryant.

MISCELLANY.

Treatment of Whooping Cough with Eucalyptus.—Dr. Witthauer reports four cases of pertusis, treated with tincture of eucalyptus globulus, which recovered in a little over three weeks. The dose for children from two to four years of age was 5-8 drops. One of the patients, eighteen months old, suffered from well-marked rickets. After taking the eucalyptus for four weeks, not only was the whooping cough cured, but the enlarged epiphyses were reduced, and the child, who had never before attempted to stand on its feet, learned to walk—*Memorabilien*, November 15, 1882.

Congenital Absence of the Spleen.—At the City Hospital of Buda-Pesth a woman, aged seventy, recently died. At the post-mortem examination it was ascertained that the spleen was entirely absent. Since the complete destruction of a previously existing spleen could be excluded, it was concluded that her case was an instance of congenital absence of this organ.

Sugar of Milk as a Laxative.—Traube recommends sugar of milk as a mild and trustworthy laxative in doses of two or three drachms, dissolved in half a tumbler of warm milk, taken before breakfast.

Local Employment of Boracic Acid.—Dr. King relates several cases (*Memorabilien*, December 30, 1882) of the successful employment of boracic acid in affections of the mucous membranes. Four cases of vaginitis of long standing in little girls were promptly relieved by the local application of the remedy. In quite a large number of cases of leucorrhœa, due to cervical catarrh, a cure was effected by tampons of boroglycerine or by boracic acid in powder. In a case of ozœna of forty years' duration considerable relief was obtained by boroglycerine (2 parts in 10) applied on cotton. In several instances of pharyngitis with posterior nasal catarrh the troublesome symptoms rapidly disappeared under treatment by boracic acid in powder.

Relief in Cancer.—Dr. Brandini, of Florence, has recenly discovered that *citric acid* will assuage the violent pain which is the usual concomitant of cancer. He applies to the part pledgets of lint soaked in a solution of four grains of the acid in 350 grains of common water, with the result of affording instantaneous relief in the most aggravated cases.—*Galignani's Messenger.*

Vertigo as a Reflex Symptom in Hypertrophy of the Tonsils.—Dr. Weiss relates the case of a boy, twelve years of age, who had suffered from vertigo for three years. The attacks were induced by stooping, and were sometimes accompanied with vomiting. Nothing abnormal could be discovered in any of the organs, except an enlargement of both tonsils. As pressure upon the carotids and vagi might account for the vertigo, in the absence of any other apparent cause, Dr. Weiss amputated the tonsils. The attacks at once ceased.—*Memorabilien*, November 15, 1882.

Therapeutic Value of Hyoscyamia.—A writer in the London Lancet says: "No man who has ever used aconitia for the reduction of the temperature will go back to the tincture, Fleming's though it be, or any crude form of the drug; and he who has not used hyoscyamia in troubles of the hollow viscera—stomach, bowels, bladder, etc.—has yet to experience the satisfaction and joy with which he will be greeted after prescribing it for a patient with spasm, retention, dysentery, or hernia; for this last is often spared the surgeon's knife by this beneficent drug."

Effect of Strychnine upon Dilatation of the Heart.—Professor Maragliano formulates the results of the exhibition of strychnine in cardiac dilatation, as follows; 1. In one or two days the size of the heart was reduced, and in five or six days very considerable dilatations were caused to disappear. 2. If, immediately upon a reduction in size of the heart, the strychnine were withheld, the dilatation was frequently reproduced. 3. The daily dose of sulphate of strychnine required was from 1-32 to 1-20 grain.—*Memorabilien*, November 15, 1882.

Salicylic Acid in Night-Sweats.—The following powder is recommended by Dr. Konhorn in the night sweats of phthisis: Acid. salicyl. gr. 45, starch, ʒ 2 1-2, chalk, ʒ 2 1-2. The entire body of the patient is dusted with this powder at bedtime. The author claims to have obtained great success by this treatment. The same powder is employed in the Austrian army in sweating of the feet.—*Memorabilien*, November 15, 1882.

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ORIGINAL COMMUNICATIONS.

THE UTERUS AS A WITNESS.

BY A. J. HOWE, M. D., CINCINNATI, O.

IN forensic medicine seemingly small matters often become astoundingly important. Who would think that the uterus of an infant could resist decomposition infinitely longer than the heart or any other viscus? A few citations may serve to correct a prevailing error.

In *Casper's Forensic Medicine*, vol. 1, page 52, Sydenham edition, under the heading of "Chronology of Putrescence," the following cases are reported: "A human fœtus was dug out of moist garden soil in March. It was quite black, and the whole surface matted with straw and the remains of plants. The head had dropped off, and at the time of the examination only a few skull bones lay near the trunk. That the sex was no longer externally recognizable needs scarcely to be mentioned. The trunk was eighteen inches long, and weighed four pounds and a half. The muscles of the trunk and the extremities were already converted into adipocere. The thoracic and abdominal organs were coal-black and no longer distinguishable, except the empty bladder, which was still distinctly visible. But the dirty-red uterus, perfectly preserved, still maintained its proper position. We could, therefore, affirm that the fœtus was of the female sex,

that it was probably mature when born, and that it had probably lain in the earth about a year, which further judicial inquiry fully confirmed."

Another detailed case is still more interesting. It runs as follows: "A young servant-maid, said to have been very pretty—and this very possibly gave rise to the report about to be mentioned—was seized with an inflammation in her chest, and was about to be sent to the hospital. But she strove resolutely against this, asserting that she would rather be struck dead. On the evening of the same day she suddenly disappeared. All inquiries after her were in vain; and, of course, it was impossible to determine the truth of a report which then arose, that she was with child by her master, a married man and her own relative, and that she had been made away with by him. In December of the same year—she disappeared the March previously,—the cesspool of the house was emptied, and in doing this, the workmen unexpectedly discovered amongst the filth the putrefied remains of a human body. It was a most probable supposition that this was the body of the girl who had disappeared from the same house in the Spring, and the court was ordered to hold a medico-legal examination of the remains. I shall not likely ever again have occasion to observe a greater degree of decomposition. The very attendants on the dead-house, well inured to such cases, were disgusted, probably quite as much by the horrid appearance of the body, as by the indescribable stench. The skull, the lower jaw, and the greater part of the lower extremities, were by maceration bared of their soft parts, the connecting ligaments of the joints were partly separated, and what of the soft parts still existed were but stinking unrecognizable black shreds. A regular autopsy was of course out of the question. As, however, my previous experience led me to hope to be able to reply affirmatively to the question raised by the Judge, viz.: Whether the deceased was pregnant at the time of her death, the abdominal cavity was opened, to ascertain this fact. The muscles were changed to adipocere, and the whole of the intestines were found transformed into a black greasy mass, in which the separate portions were no longer to be recognized. The liver, spleen, and kidneys were also changed to a similar mass,

but *the uterus was found of a bright-red color, hard and firm to feel and cut. Its form was perfectly recognizable and normal;* and its size that of a virgin uterus. Its cavity was unimpregnated and empty. Although, therefore, we could not give even the most problematical opinion respecting the life or death of this person, yet we could with certainty declare, that the *deceased could not have been pregnant* at the time of her death; consequently the former report, which on the finding of the body, had again been most diligently circulated, fell to nothing, and the slur of debauchery and probable murder cast upon the reputation of a hitherto irreproachable man was removed."

Without that undecomposed uterus as a witness the verdict would have been rendered against an innocent man.

Some years ago the partially decomposed and gnawed body of an adult female was found under a log in the woods near Muncie, Ind. Some months previously a certain girl had mysteriously disappeared, and suspicion whispered something about illicit love, pregnancy, and abortion. Although the features of the dead were not identifiable, parts of the clothing were. An examination of a well preserved uterus showed that it had been pregnant with a two or three month fœtus just before the death. This circumstance led to the remembrance that the girl was last seen entering a medical man's house, and called to a person's mind that some months previously—about the time of the girl's disappearance—he, while returning home after midnight, was about to meet a wagon and two men talking in a low tone of voice; and that he stepped into the bushes to let them pass. He heard the vehicle stop some rods beyond, though he resumed his walk, thinking nothing peculiar about the affair. The discovery of the body in the Spring following was near the point where the two men and the wagon stopped.

The reputed lover of the girl and the doctor were put under arrest, and the circumstantial evidence was so strong against them that conviction followed the trials. The tell-tale uterus was an unimpeachable witness in the case. Without that well preserved organ pregnancy and abortion could not have been named in connection with the crime.

In 1872 a female was seen to jump from the Suspension bridge

just at dusk in June. A person in a skiff secured a light shawl worn by the suicide. This garment was subsequently recognized as that of Sarah Barnett, an unmarried woman belonging to Covington, Ky., and the rumor spread that a man by the name of Jonas had been "intimate" with the deceased. The friends of the unfortunate female searched the river, and wasted much gunpowder in futile attempts to make the body "rise." In September the decomposed trunk of an adult female was found stranded on a sand-bar above Madison, Ind. A plain gold ring on the little finger of the left hand, with the initials "S. B. from H. J." was thought to identify the body. A few shreds of clothing still clung to the body, but these could not be identified. The flesh of the trunk and limbs was stripped from the bones, and the viscera in general were missing. However, the quite well preserved uterus, with a two months' fœtus enclosed, was discovered in the pelvic cavity. The circumstances led to the arrest of Jonas, yet nothing implicating him in the violent death could be sustained.

These items are cited to show how long a uterus may resist decomposition, even though the weather be hot, and the environment unfavorable to preservation.

SANGUINARIA CANADENSIS. (*Concluded.*)

BY GEORGE WILLIAM WINTERBURN, PH. D., M. D.,

Professor of Materia Medica and Therapeutics in the United States Medical College, New York.

III. In acute gastritis Sanguinaria is likely to do harm if given in appreciable doses. Dr. Coe says;

"The sanguinarin possesses a considerable degree of escharotic power, hence its use is contra-indicated in gastritis and enteritis, and whenever we have occasion to suspect abrasion or ulceration of the mucous surfaces of the stomach or bowels."

The "use" here meant is the eight to a half-grain every three or four hours; but thoroughly triturated, and given in minute doses, (that is, in the third decimal trituration), I have learned to depend upon it in certain acute stomach-troubles. The burning epigastric pain, aggravated by taking food, unrelieved by vomiting, and increased by pressure; the unquenchable thirst,

with longing for piquant articles of food; and the great prostration of acute gastritis, call unmistakably for Sanguinaria. The following case presents the condition for which I prescribe this remedy:

Mr. R. H. aged forty-seven, a prosperous provision-dealer, was taken ill in June, 1878, after drinking a large quantity of iced milk. The symptoms were first slight rigors, followed by a feeling of heat and depression. He lost his appetite, became apathetic, neglected his business, but not being used to being sick hardly realized that he was so, and did not send for a physician. Matters had gone on in this way for nine or ten days when I first saw him. He then complained of an acute burning pain in his stomach, as if that organ was on fire. Vomiting was frequent; preceded by intense nausea and followed by great exhaustion. After vomiting he craved food, but eating the slightest quantity increased the burning distress in the epigastrium. His thirst was prodigious, and it was only by the most constant watchfulness that he was prevented from drinking enormous quantities of water. He had considerable vertigo, worse when stooping or lying down. He was very irritable and objected to the slightest noise; even his children talking in the next room made him very angry. His face was pale; lips dry; tongue very red, especially at the tip, and felt as if burned by drinking some hot liquor; breath foul; bowels constipated; urine normal; pulse eighty-five; temperature 100° F. He was given Sanguinaria, third decimal trituration, two grains every three hours, and in four days he was quite well; appetite, digestion and bowels all normal. In that common form of indigestion which proceeds from a deficient secretion of gastric juice, (gasterasthenia) and consists of loss of appetite, heartburn, and periodic vomiting, Sanguinaria is a most efficient remedy.

"When the food undergoes chemical decomposition, and gas is envolved in large quantities, Sanguinaria will generally change the action of the stomach, and digestion becomes more complete. When the mucous membrane is congested, the flatus formed by fermentation is retained by a spasmodic constriction of the cardia. Its irritation is reflected upon the lungs, through the pneumogastric nerve, exciting a feeling of tickling in the entrance of the

trachea, with sympathetic cough. This peculiar, dry cough does not yield to expectorants, but often persists for hours, and is only relieved by eructations. Aromatics and stimulants fail to expel the gas; they only increase the erethism of the coats of the stomach. The Sanguinaria affords a better resource. It not only relaxes the constricted cardia, permitting the flatus to escape, but excites a healthy reaction on the whole surface of the fauces, œsophagus and stomach, superseding the morbid state of a healthy one."—HUNT.

In this condition, where so many physicians resort to pepsin-preparations, I find Sanguinaria almost specific, and use it with increasing confidence and pleasure year by year.

Chronic catarrh of the stomach, otherwise known as chronic gastritis, and cramps of the stomach (gastrodynia), especially when these occur at stated intervals, and other gastroses, are often cured by Sanguinaria, when the subjective symptoms resemble those already denoted; but I have never had any success with it in simple vomiting, the wine of ipecac, or the tincture of nux vomica, or the fluid extract of Cocculus palmatus generally succeeding when it fails.

The following case was diagnosed by several physicians as *ulcus ventriculi perforans rotundum chronicum*, (round perforating ulcer of the stomach) before it came under my observation. I believed it to be the same, but as he is now cured, only a necropsy will ever reveal what was the matter. M. J. T., aged thirty-four, a paper-hanger by trade, applied at Manhattan Hospital for treatment, in January, 1882, for relief from the following condition: He had suffered for more than a year from burning pains in the epigastrium. These were worse when lying on the right side, or even if when sitting he leaned toward that side. In fact they had become unendurable. Pressure on the stomach always mitigated them, although it never entirely relieved him. Although these pains were always spoken of as being in the pyloric region, yet they were also apparently in some way connected with the spine. Eating partially relieved the distress, although it was frequently followed by vomiting. The vomited matters consisted of soured ingesta, slimy mucus, and at intervals of dark, decomposed blood, and were generally ejected without much muscular effort. His appetite was good; in fact

he ate too much, and many things that did not agree with him. He had a great relish for milk, but could not digest it. His bowels were usually constipated, although occasionally he would have a diarrhetic stool, the nature of which I did not learn. He had lost much flesh; his spirits were depressed; his face was sallow and sunken; his tongue was clean, but of too bright a color; respiration was rather rapid; pulse eighty; and temperature (evening) 99 7-10° F.; his general appearance resembled marasmus. As though to make the diagnosis of ulcer of the stomach more probable, the history of the case showed that previous to the appearance of these symptoms he had been badly burned, on the arms, face and chest, by the firing of some alcohol which he was using. Sanguinaria, third decimal trituration, slightly aggravated some of the symptoms and partially relieved others from the first. Its steady use proved the prescription a good one, and he was discharged cured in about two months.

Pyrosis, when occurring as a solitary symptom, will generally yield to small doses of sanguinarin, although it in some cases merely proves palliative, arresting a paroxysm, but not preventing a recurrence of the trouble.

I have never used it in constipation, although Coe recommends it. It would seem to be indicated in that form of nectal inertia, for which nux vomica is so valuable a remedy; where there is a feeling of pressure upon the sphincters, with continual urging, but inability to evacuate anything except offensive flatus.

In cases where constipation alternates with diarrhœa, and is associated with bronchial difficulties, Sanguinaria is useful, and will generally remove the whole train of symptoms. The following peculiar case is so suggestive of Sanguinaria, and was so admirably covered by it, that I give it here: J. Q. S., aged twenty-three years, had suffered all the spring months with a peculiar catarrhal attack. The coryzal flow was very acrid and excoriating; causing violent sneezing. At that time the bowels were constipated, with noisy rumbling of incarcerated flatus. After about two weeks diarrhœa suddenly set in, the coryzal symptoms disappearing as suddenly. The stools were thin, hot, fœtid, and accompanied by much wind. There was considerable pain before stool, and a sense of weakness after stool. This

lasted three or four days, when the bowels became constipated (possibly through some cholera-drops that he had taken), and in a few days the coryza was again in full blast. These alternations occurred several times during the months of April and May, and when I saw him in June (1881), he was greatly prostrated. I gave at first nitrate of silver. The diarrhœa stopped, as it had before, and in a few days the coryza again set in. The peculiar discharge suggested sanguinarin to my mind, and I prescribed it in the one-hundredth grain-doses, every six hours. In a few days the coryza disappeared and was not followed by diarrhœa. The patient was well and remained so.

IV. Sanguinaria is said to have been used in seminal emissions caused by indigestion, and accompanied by much irritability, and in old chronic gleets associated with great prostration and despondency. I hardly think it has any direct action here, and if useful at all, it must be in those cases that depend for their continuance upon gastro-hepatic disorders. In secondary syphilis it probably has a wider application, but I know of no special indication for it, and am inclined to believe that it is far inferior to Podophyllum and Stillingia.

Amenorrhœa, either partial or complete, occurring in women suffering from pulmonary disease, may be treated successfully with this remedy. It should be given for some days previous to the expected period, and may be used continuously if the pulmonary symptoms are active. I have seen it act promptly in one-tenth grain-doses, three or four times a day; and this dose is too large if it cause nausea or burning in the stomach.

In that distressing condition of the uterus when gas is generated within it (physometra) and discharged through the vagina, Sanguinaria can be used successfully. A case of this kind where the woman through timidity had failed to secure treatment, and the trouble had lasted for more than a year, was cured permanently, in a few days, by Sanguinaria in one-hundreth grain-doses.

It is useful in dysmenorrhœa, with congestion to the head and lungs, especially at the climacteric, or when the menstrual flow beginning natural in appearance becomes later, dark, clotted and very offensive.

What I have said in regard to polypi in the nose is applicable

to these growths in the uterus or vagina. The remedy must be brought directly in contact with the polypus, and this is best done with the dry powder if possible. It reaches ulceration here, also, as in the pharynx , and may be applied in the same manner. A mild wash is useful in corrosive and fœtid leucorrhœa.

Dr. Coe says that few remedies exercise a more decided influence upon the urinary apparatus, upon which it displays its peculiar power as an alternative. In obstinate gravelly affections, and in functional inactivity of the kidneys it is very serviceable. I have never used Sanguinaria in any form of urinary disorder.

V. We come now to the most important sphere of Sanguinaria. In the second and third stages of pneumonia Sanguinaria is our best remedy. You will remember what I said in regard to the use of Veratrum viride in the first or inflammatory period of this disease. When Veratrum has for any reason failed to abort the disease during the first stage, or if you have been called to the case too late to make its use desirable, and the dullnes or percussion, bronichal respiration, extreme dyspnœa, rust-colored, tenacious sputa, indicate the presence of hepatisation, then Sanguinaria may be used to great advantage. Even when the symptoms point to purulent infiltration of the pulmonary parenchyma Sanguinaria will do good, although here Eucalyputus is usually a far better remedy.

Sanguinaria has helped me so many times in this serious sickness that I hardly know which case to select as illustrative. Perhaps this one will do as well as another: J. McC., aged forty-five years, a laboring man, had taken a severe cold which settled on his lungs. He had neglected treatment, and had been ill an entire week when I first saw him. He was lying propped up in bed, being unable to breathe in a recumbent position. The cough was not very severe, nor very painful, but he had an agonizing feeling of lightness and immobility over the entire right side of the thorax. The sputa had been rust-colored and thick, but were now becoming thinner, more easily expectorated, and of the well-known prune-juice tint. The features were sunken and pallid, and the forehead covered with a cold, dewy perspiration. The stomach was much disturbed, with frequent nausea, but no vomiting; bowels constipated. The temperature

was not high, 103 2-10° F. I gave him sanguinarin in the one-hundredth grain-doses every two hours. The only change the first day was a slight decrease in the dyspnœa and relief from nausea; but on the second day the signs of improvement were various and satisfactory. The sputa became thicker, and of a yellowish tinge; he could lie down without much discomfort, and the bowels moved naturally. The improvement continued steadily, and in ten days he was completely convalescent.

Dr. Morrow and others speak of it very highly in hæmoptysis, and it will often cure cases that have resisted other means. It is not, however, an important anti-hæmorrhagic remedy.

That it will cure incipient phthisis pulmonalis there is a very general consensus of practical testimony. In persons of languid circulation, troubled with cold extremities, who are sensitive to atmospheric changes, whose skin is pallid, and who have a tickling cough, Sanguinaria in one-tenth grain-doses will often work wonders. The cough is more in the evening and on lying down; it sounds loose, but the secretion of mucus is expectorated with great difficulty. The sputum is offensive to the taste, and seems to come from the right side of the chest. If there is any pain it is in the right side, or in the right shoulder. There is considerable gastric disturbance, with belching of acrid flatus. He feels great lassitude, especially toward evening, and there is a hectic condition, with flashes of heat, and circumscribed redness of the cheeks.

In those chronic coughs in which it is well-nigh impossible to determine whether we are dealing with a chronic bronchitis or an incipient tuberculosis, Sanguinaria, in one-twentieth grain-doses, three times a day, will often prove curative.

Dr. Tom Nichol, of Montreal, writing of the beneficial action of Sanguinaria, reports the following case of acute œdematous laryngitis:

"At six o'clock of Sunday morning, April 19, I received an urgent call to the patient, who, I was told, had hardly been able to breath all night. I found her sitting up in bed, with a characteristic sawing and rasping sound issuing from the larynx—a sound somewhat difficult of description, but which once recognized can never be forgotten. The tonsils and pharynx were

swollen, auscultation showed that the sawing and rasping sound issued from the larynx. The cough was dry and hard, relieved by sitting up in bed, aggravated by eating and lying down, and it was accompanied by difficult expectoration of tough and glairy mucous. The voice was low and suppressed, and it was with difficulty that I could make out the hurried, whispered sentences. The pulse was feeble and fluttering, and the lips were pale; but on both sides of the cheeks there was a circumscribed redness. The pathognomonic sympton which made the pathological state quite clear to me was the fact that expiration was performed more readily than inspiration. M. Thuillier's test was decisive as to the diagnosis, for when the forefinger was passed into the larynx there is a perception of a cushion formed by the tumefaction of the sides of the glottis, a soft, pulpy body, quite distinct from the ordinary hard feel of the parts. The diagnosis was acute œdematous laryngitis of the supra-glottis variety, and the peculiar respiration arose from the fact that the œdematous membrane which fills the glottis closes like a valve against the entrance of air, but readily permits it to pass out. I prescribed Sanguinaria, first decimal trituration, a dose every half-hour.

"At 1 P. M. I found that improvement had commenced almost as soon as the medicine was given. The sawing and rasping sound was now much diminished, the respiration was comparatively easy, inspiration and expiration were performed with the same facility, the cough was less frequent and less severe, the voice was quite audible, and the patient had slept much of the time since morning. The tonsils and pharynx were still red and swollen, but the glottis was clear of the tense and rounded swelling present in the morning. The Sanguinaria was continued in the same dose.

"At 7 P. M. I again saw the patient, and found that the very serious pathological state had almost wholly disappeared. The Sanguinaria was continued all night, and in the morning the condition was entirely gone."

In June, 1881, I was called to a very similar case in a man about forty-six years of age, an iron worker, and remembering the above case of Dr. Nichol's, I gave Sanguinaria and quickly cured the case.

Croup is another disease in which Sanguinaria is very efficient. I think it is never indicated in the spasmodic variety, where Gelsemium, Aconite, Lobelia, ipecac, or iodine, cover the varied condition; but in membranous croup it is our chief remedy.

"The sanguinarin is one of the most valuable remedies known in the treatment of pseudo-membranous croup. It has proved as much of a specific for that disease as quinine has for ague. I have seen it used in a great number of cases, and have never known a single failure. It should be made into an acetic syrup, by adding twenty grains of Sanguinarin to four ounces of vinegar; steep and add one ounce of sugar to form a syrup. Dose, one teaspoonful as often as indicated."—PAINE.

I have used the acetous syrup, sanguinarin, and the powdered root in cases of membranous croup, and I do not know that there is any particular choice between them; if so it is in favor of the preparation in vinegar. But Prof. Paine's dose is too large, and causes vomiting, which is unnecessary. A grain to an ounce answers very well, and produces no physiological symptoms. The following case is a fair sample of what it will do.

V. H., a little boy aged six years, had a croupous cough which continued to get worse each night for three successive days, although receiving the careful attention of the family physician. All the well-known expedients had been tried, including emetics, alum and inhalations of steam from hot water poured upon unslaked lime. At eleven o'clock on the fourth night, several other physicians being in attendance, I was sent for to perform tracheotomy. On arriving at the house I found that the parents had been assured that if the operation was performed that the child would get well. The mother at once demanded of me a promise that the operation would save the child's life. As tracheotomy is a very uncertain remedy for croup, three out of every five operated upon dying, I was unable to give such an assurance, and thereupon the consent of the parents to the operation was withdrawn. I now had time to give some attention to the little patient. He was lying in his crib panting for breath. In a few minutes one of the paroxysms recurred. The struggle for breath was terrible. He rose up on his knees, his head went backward as far as possible, and the *alæ masi* moving up and

down like the flapping of sails. His face was turgid with blood, and exhalation and inhalation seemed equally difficult. I sent at once for tincture of iodine and for sanguinarin. The iodine arriving first I used it as an inhalation, but without any effect. I then dropped a few grains of sanguinarin in a cruet of vinegar, and placed a few drops on his tongue, repeating the dose every three to five minutes; giving him a tablespoonful in the course of an hour. The use of sanguinaria was begun about midnight, and at two o'clock a slight improvement was manifest, the paroxysms being shorter and less severe. I ordered that he have ten drops of the vinegar every fifteen minutes. In the morning I found the paroxysms had entirely ceased, the metallic whistling cough had given place to a catarrhal one, and although the voice was hoarse, and the child dull and stupid, all danger was past.

In these cases if the face is livid and swollen, the lips blue and the dyspnœa extreme, Sanguinaria will cure; but if the face is pale, the lips and extremities cold, the pulse feeble, and the dyspnœa although considerable yet not intense, it will fail.*

Tracheitis and bronchitis, when associated with gastro-hepatic or gastro-intestinal complaints, will nearly always yield to the administration of Sanguinaria; ten drops of the tincture in half a goblet of water, teaspoonful doses every three or four hours.

VI. Drs. Rutherford and Vignal have shown the specific action of Sanguinaria upon the liver; but long before they began their valuable experiments upon curavised animals with Keith's educts, it was a familiar remedy in liver complaints. Unfortunately most of the experience which has been had with it was in combination with leptandrin, podophyllin, myricin, or cimicifugin, and so it is impossible to make nice discriminations as to the peculiar conditions under which the remedy is most useful. That it is valuable in atony of the liver, in hepatic torpor, in jaundice caused by malaria, and that it will remove biliary concretions we know; but we do no not know just when to give it the preference over all other remedies in these conditions.

Next to the liver, of all the glandular structures, the tonsils are the most under the control of this remedy; and in tonsillitis, both

*The Sanguinaria case begins with a loose, rattling cough, which becomes dry, spasmodic, and then croupous; and if Sanguinaria be used the order is reversed and from croupous it becomes first merely spasmodic and then catarrhal.

recent and chronic, it is frequently a useful therapeutic agent. Used early it will abort the inflammation and prevent suppuration; used later it conducts the suppurative process to a healthy close; and in those who are subject to attacks of quinsy its continued use so alters the local dyscrasia as to prevent a return of the trouble. In several cases of enlarged tonsils I have seen the persistant use of a mild gargle of the tincture of the Sanguinaria entirely remove the trouble in a month or two. One of these cases was a girl twelve years of age, whose tonsils had been indurated for six or seven years. Each Winter they would become greatly swollen and deglutition painful, this condition lasting until warm weather. Now the tonsils are of normal size, and she has had no trouble with them for three years.

Sanguinaria also affects the salivary glands, the spleen, the mammæ, the testes and ovaries, and probably other glandular structures.

VII. Sanguinaria is a notable remedy in headache. The cephalaegia in which Sanguinaria is curative is peculiar and easily remembered. The pain commences in the back part of the head, and rising upwards spreads over the head and finally settles in the brow above the right eye. There is great intolerance to light and noise. The patient is obliged to remain in a dark room and to lie perfectly still. There is nausea and vomiting accompanied sometimes with chilliness. If there are flashes of heat through the body, or if the palms of the hands and the soles of the feet burn, or if the urine is scanty and dark at first, becomes later profuse and clear, Sanguinaria is the more specifically indicated.

This headache differs from that calling for Rhus radicans, that while both begin in the occiput and spread over the head, the Rhus headache stiffens the muscles of the nape of the neck, is better while moving about, and is caused by exposure to damp and cold; this does not effect the neck, is better when the patient keeps quiet and is brought on by gastric disturbance. The Iris hemicrania, which is also mainly on the right side and of gastric origin, is accompanied with blurring of the eyes, is worse when at rest, and recurs periodically, often on the same day of the week. In Sanguinaria the vomited matters are bitter, but in iris

they are intensly sour. The Cereus hemicrania is also right-sided, compels the patient to avoid all noise, light, or exertion. but it is rarely connected with any gastric disturbance, it is usually caused by mental excitement or worry, and is often associated with cardiac complications. Right-sidedness also characterizes the Pulsatilla Cephalaegia, but this usually begins in the afternoon and is always worse during the night, whereas the Sanguinaria headache begins in the morning, increases through the day and is better at night. The pulsatilla pain is relieved in the open air, and generally arised from uterine disturbance.*

Sanguinaria is of value in the neuralgiæ of the trigemini when the pain is shooting and burning in character, and pressure over the pain gives relief. It is of value in various myalgic pains when accompanied by distension of the temporal veins, and Dr. Hale suggests it as a remedy in sanguineous apoplexia.

VIII. When in acute rheumatism the poison attacks both the muscular and serous tissues at the same time Sanguinaria is an excellent remedy. These pains are apt to be felt in the right arm and shoulder, and in the right hip, extending down to the knee. The pain is worse where the bone is least covered by flesh and is of a burning, bruised nature. Rubbing the affected part temporarily eases the patient's suffering, but the pain is apt to appear elsewhere. When metastasis to the heart is caused by the use of topical applications, and rheumatic pericarditis sets in, Sanguinaria acts promptly.

A DIVORCE SUIT.

On the 12th of May, 1880, John Gavin married Hetty Holland,—the bride was 17 years old, and the groom was 19—the fathers of the contracting parties giving consent and approval. John was a student of medicine, and took his degree shortly after he became of "age." He is an only child, and his sire, a physician, is reported to be worth forty thousand dollars. The father of the bride is a man of property, but has nine children to share in his possessions.

Young Gavin, in his college days, was reported to be "fast;"

*The Chelidonium and Sanguinaria hemicraniæ are very similar. Both extend from the occiput to the forehead over the right eye; both are aggravated by moving about; both are periodical; and both cause great irritability. In Chelidonium the patient is better from eating, in Sanguinaria worse; in Chelidonium the patient is low-spirited, in Sanguinaria cross; in Chelidonium the food tastes natural, in Sanguinaria bitter; in both there is a disrelish for nitrogenous food, but the Chelidonium patient longs for acids.

and some depositions taken in Cincinnati show, as far as they go ro may be reliable, that the nascent Esculapius was in the habit of visiting the fair and frail on divers and sundry occasions when he ought to have been poring over the precepts of Hippocrates. Within six or seven weeks of the juvenile nuptials Hettie had a "chill," and became ill—an offensive discharge from the genetalia attracting attention. The father-in-law inquired into the cause of the disagreeable odor, and found that it came from the uterus of the bride. He discovered a black slough on the cervix uteri, and a sanious flow from the os or canal of the cervix. He was seemingly astounded at the character of the discharge; and after eight weeks trial made no progsess towards a cure. At that time the mother of the afflicted bride asked for a "consultation;" and Dr. A. J. Howe as consultant, was agreed upon. At the meeting the older Gavin desired the lesion to be pronounced cancerous; but prescriptions were made without naming the disease.

The case wore on for a year or more, when young Gavin took his tainted bride to her home—the house of her father—and left her there. The next day he was twenty-one; and on the interesting anniversary went to the county seat and instituted a suit for divorce, alleging that his wife had deceived him as to her bodily health and ability to bear children. He also charged in the "petition" that she was impotent!

As soon as the youthful bride was apprised of the "situation," she, through her father, filed a "cross petition," and with two able attorneys met her husband in court at Batavia, O., on the 20th of February, 1883. The trial was not before a jury, but was heard by Judge Louden, of the Circuit.

Dr. Cephas Gavin was the first witness called. He stated that Hettie was so offensive on account of "an incurable disease" which afflicted her, that his son could neither bed nor live in the same house with her. He said that she had a corroding ulcer of the womb; and "perverted menstruation" which necessarily rendered her sterile. He believed the disease to be cancerous in nature, though he could not give it a satisfactory name. Mrs. Huldah Gavin, mother of the prosecutor, in a deposition, stated in substance what her husband gave in testimony, and ended by saying that her daughter-in-law brought the disgusting odor to the house, and that she took it away with her.

Several "expert" witnesses were called to support the old doctor's statements,—and gave it as their opinion that the woman was sick with an "*incurable* disease,"—their "opinion" being based wholly on that of Dr. Gavin. Their opinions outside of that of the chief witness were that the disease might be curable—

especiaally if she (the defendant) *was well at the present time.* It was a noticeable circumstance that the "experts" had been too busy of late to "read up" on the anatomy and physiology of the "uterus and its appendages." One was tolerably sure the menstrual flow came from the ovaries, the fallopian tubes conducting the fluid into the uterus!

The defendant, Hettie Gavin, was an excellent witness. She was fat, fair and under twenty. Her voice was good, memory unfailing, and self-control unmatched. A rigid cross-examination did not disturb her equanimity nor render inconsistant a substantial statement. She related her wrongs and sufferings without a tear, and seemed to cherish no revenge. Her simple tale was as ingenuous as that of a child. Her testimony was followed by that of Dr. Howe. He had been called in consultation with the elder Dr. Gavin; and some months afterwards took professional charge of the defendant. His evidence in chief was that he regarded the disease as syphilis from the first; that he prescribed for it as such; and that "secondary" eruptions sustained his early diagnosis. He saw no signs of cancer, and none of any other than syphilitic disease.

Upon being asked in the cross-examination why he did not express an opinion to Dr. Gavin in relation to the nature of the disease, Dr. H. replied that he feared a domestic fiasco if facts were known, and aimed to shun a scandalous *denoument.* He gave a succinct history of the later views in regard to syphilization, and made a convincing impression upon all who heard the testimony.

The trial lasted several days; cost both parties several thousand dollars; and was decided in favor of the defendant who was granted her petition, viz.: divorce and alimony.

A feature of the case is that the young man has no property, but is the only heir to quite an estate prospectively. If he would avoid paying the award he must keep from holding attachable securities.

The reason the chancrous slough became so fetid was that it developed on the uterus (the cervix). The pressure of the chancre on the neck of the womb developed endo-cervicitis, and an offensive discharge from the *os uteri.* The location of the "sore" was rare, but not unheard of. Dr. Howe testified to having treated three other patients who had been similarly afflicted.

The prosecution attempted to prove that the groom had never been infected from the fact that no scar existed on the penis. Dr. Howe testified that a perceptible cicatrix does not always follow the healing of a chancre: he said that the sore on the uterine neck had healed without leaving a visible mark, and that

a knot or indurated spot did not succeed a chancre in all instances. When a hard cicatrix followed a syphilitic sore he believed a severe constitutional taint existed; and that tertiary phases might be expected sooner or later.

MEDICUS.

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*PERITONITIS.**

BY PITTS E. HOWES, M. D., SOUTH BOSTON.

WHEN the physician is called, he is expected to determine at once, the difficulty, its duration, and its probable termination. The public are not aware of the complex workings of the various functions, and so are unable to appreciate the difficulties that beset the patient investigator of morbid action. While everything that is connected with the science of medicine is of importance, there are some subjects which should receive greater prominence than is given to others. While some diseases run such a regular methodical course that their action and various changes may be safely studied during their progress, there are others with which we need to be familiar so that we may be ever ready to seize upon any advantage that offers.

Peritonitis signifies an inflammation of the peritoneum, which lines the abdominal cavity, enveloping some and partially covering others of the organs that are enclosed therein. Authors upon the subject agree that it may be limited to a small area, or it may be diffused over a considerable portion of the membrane; that it is not influenced by age, all ages being liable to suffer from it; that the general condition of the body does not protect from its invasion, the plethoric and anæmic alike suffering from its occurrence, though it may determine the character of the inflammation; that its symptoms may be so plain as to early distinguish the disease, or so masked that its true character is with difficulty determined; and that it may be sporadic or epidemic. Among its many causes may be mentioned, exposure of the body to great changes of temperature, sleeping in damp beds, and the reaction brought on by cold wet feet. Mechanical injuries should not be overlooked, such as invaginations, strangulated herniæ, and wounds of every character, including those made in paracentesis abdominis, and ovariotomy. The escape of various fluids into the cavity from the inclosed organs, as in perforating ulcer. is a prolific cause, while morbid growths of any sort may by their pressure upon the membrane give origin to it. The sudden stoppage of some of the natural discharges of the body, has been declared a cause of the disease, and it is also reported to be

*Read before the Massachusetts Eclectic Medical Society.

metastatic in rheumatism, erysipelas and the exanthematous fevers. It has also been strongly questioned whether the condition of the blood may not in some measure determine the greater liability of some persons to the disease.

The symptoms of peritonitis in some cases are so marked, stand out so plainly, that it is impossible to mistake them, but on the other hand cases arise in which it is with difficulty we can appreciate them, even those regarded as pathognomonic being obscured. Perhaps the most prominent symptom will be the tenderness on pressure, which sometimes is so great that the patient cannot bear the slightest weight and the whole position is so arranged as to remove all tension from the abdominal muscles. The passage of feces and flatus gives rise to excruciating pain, which is clearly depicted on the face. Indeed this facial expression of intense suffering is a point that ought not to be disregarded. The pulse is hard, small and wiry, often running up to 120 or 130, though in some cases, which must be termed exceptional, it is not inclined to go above 90, and is tolerably full. Respiration is hurried and shallow, being carried on almost entirely by the thoracic muscles, all action of the diaphragm causing increase of suffering. The bowels are usually constipated and the urine scanty. During the earlier portion of the disease the skin is hot, dry, and constricted, but as it progresses to dissolution it becomes moist and clammy. The patient lies in a supine condition, the legs being drawn up to relieve the tension from the abdominal muscles. Nausea and vomiting are often prominent, the matter ejected being of a mucoid biliary character unless there should be intestinal obstruction, when it would be of a stercoraceous nature. Tympanitis is always present and the condition of the muscular system of the patient determines somewhat its extent. In those where the muscles are soft and flabby it will be of a much greater extent than where they are firm and more susceptible to a strong vigorous action. Various symptoms may arise according to the different part of the membrane that is implicated in the attack. If it should be that portion that covers the stomach, there would be an increase of the nauseating symptoms; if of the bladder it would be followed by strangury, while if of the kidneys there would be ischuria renalis. One of the effects resulting from the disease is effusion; indeed effusion of some nature is invariably present and always gravitates to the lower part of the pelvis, and may be very readily determined by means of palpation, which must, however, be very carefully instituted. As this effusion increases in quantity the pain diminishes. When the disease terminates in resolution, all of the foregoing symptoms undergo improvement, the pain

decreases, the pulse becomes more natural, the skin moist, the bowels and kidneys active, the respiration freer, and the facial expression indicates more comfort.

The non-plastic or erysipelatous form of peritonitis is usually seen in connection with various forms of erysipelas and the acute exanthems. It occurs in those weakened by previous illness and always presents the asthenic form. It will not bear any depressing or "antiphlogistic" treatment, but demands a sustaining and stimulant medication.

Perforation of the peritoneum gives us one of the most rapidly fatal forms of peritoneal inflammation. It is accompanied at the time of perforation by sharp lancinating pain, and the patient experiences the fact that "some thing has given way," and can generally locate the exact position of the perforation. The pain is followed by sudden collapse going on to dissolution with great rapidity. Puerperal peritonitis, as its name indicates, is only seen at the time of childbirth, and should not be confounded with puerperal fever as is so frequently done, for *post mortems* indicate that while in some cases of puerperal fever the peritoneum is inflamed, it is not a necessary complication of the disease. It usually manifests itself within a few days of delivery but may be delayed for two weeks or more.

Perityphlitis, an inflammation of, or about, the caecum, has been minutely described by French pathologists. The causes are in a great measure due to its position; its sacculated pouch lying below the illeo-cæcal outlet, and to the fact that its contents have to be forced in opposition to the forces of gravity. Thus it is liable to become distended with fecal matter, causing an irritation of its lining membrane. It also affords a convenient receptacle for seeds, small fish bones, indurated feces, etc., which may produce irritation or even perforation. There is hardly an organ within the abdominal cavity which being inflamed may not give rise to peritonitis by extension. The symptoms readily indicate the sudden acute form of the disease, but in its secondary form, and when complicated with other diseases, we are liable to err greatly in our judgment unless great care be exercised in its differentiation. It is most likely to be confounded with gastritis, enteritis, colic, lead poisoning, rheumatism and neuralgia, but the careful consideration of all the symptoms will lead to a correct diagnosis. In gastritis there will be tenderness on deep pressure and the nausea will be urgent, and all fluids ingested will be immediately rejected, and the condition is very readily traced to some distinct cause, whereas in peritonitis the cause is often obscure, and the pulse is smaller, harder and more wiry.

The differentiation of peritonitis and enteritis is sometimes

almost impossible. In enteritis the vomiting is more frequent, the bowels are more obstinately constipated, the pulse less feeble, and the pain not so intense; while in peritonitis there is a greater aversion to movement, the respiration is more thoracic in character, and the suffering more plainly shown in the countenance. In colic, which may be the result of flatus, there may be a distention of the abdomen, considerable pain of a griping, twisting or lancinating character coming on in paroxysms, but no fever. Usually with colic due to lead, we have some of the other symptoms, produced by that metal, to aid us, such as wrist drop, the blue line on the gums, and pain in the head and limbs, and close investigation will generally show that the patient has in some manner been exposed to the action of lead.

In deciding between rheumatism and peritonitis, negative facts will be our chief guide, while in neuralgia, which sometimes simulates peritonitis, there is no tympanitis, pain on pressure, quick pulse or facial collapse. After-pains have been confounded with peritonitis, but this mistake should never be made, for after-pains present themselves immediately after delivery, while the pain of peritonitis is generally delayed for several days. Pressure will not increase the suffering in the former while the reverse is true of the latter. After-pains are the result of a contracting uterus, while a relaxed condition of that organ is present in peritonitis. After-pains are continually diminishing in force, while those of peritonitis are on the increase.

Treatment should be adapted to the different conditions under which the disease may exist. While plethoric people and the sthenic form may be benefitted by depressive measures, the asthenic variety or an anæmic patient should receive a stimulating and supporting treatment. It seems to me that the treatment of this disease according to the symptoms manifested is far preferable to that advised by many of the old school writers who recommend blood-letting, locking up the bowels with opium, and then administering calomel to open them. Among the remedies found useful, aconite, veratrum, bryonia, rhus, belladonna, gelseminum, and dioscorea may be mentioned. A small frequent pulse calls for aconite, while the full bounding pulse of the plethoric demands veratrum. The sharp pain is often controlled by either rhus or bryonia, or when it seems to locate itself among the small intestines, dioscorea may be used with great advantage. If the face is flushed, the eyes bright and prominent, or symptoms of cerebral excitement manifest themselves, they may be controlled by the use of gelseminum, but if the patient is inclined to be dull, heavy, wishing to sleep all the time, with apparent indifference as to his condition, belladonna may be used very

effectually. To this list many others might be added according to the condition and symptoms, and he will be the most successful who can the most readily determine the remedy indicated by the symptoms presented. Topical applications should not be neglected, and the diet should be carefully considered.

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DIGITALIS WITH SUICIDAL INTENT.

BY ROBERT A. REID, M. D., BOSTON.

Every now and then emergent cases arise when the practitioner needs his wits abont him, but we can imagine no circumstances which could be more painful than to be called to a case of poisoning, either intentional or accidental, and not know what to do, for in such cases not only must the right thing be done, but it must be done quickly. Cases of cut-throat or suicidal attempts with morphia, strychnia, arsenic, or other well-known poisons, are not so very uncommon, but the following case which came to our notice some months since is the only one, in our experience, where digitalis was seized as the instrument of death. The would-be suicide was unmarried and about fifty years of age. She was exceedingly intelligent, and until the past few years, was greatly admired for beautiful traits of character, as well as for rare personal charms. About five years prior to her rash attempt, she attended and cared for most assiduously and tenderly, a sister who died from phthisis; since that time she had been regarded as decidedly "queer." The first manifestation of mental disturbance noticed, was her obstinate refusal to converse concerning, or to even allude to the deceased sister, to whom she had been devotedly attached, eluding most adroitly all attempts made to lead her to in any way show that she remembered that such a person had existed, and when her mother inquired, with a purpose, who had made a certain article of fancy work, instead of replying Lucy—the deceased sister—she said, "it was made here in the house." Having never manifested anything more than similar eccentricities, refusing to see former friends, adopting a certain few set questions which she propounded each day to everyone whom she saw, she was not deemed "dangerous," but as a wise precaution, all articles which could be used for self

injury were kept from her, and she was never alone. Her mother, aged eighty-six years, was supposed to have fatty degeneration of the heart and suffered from occasional attacks of dyspnœa, and had been advised by her physician to procure a vial of digitalis and take a few drops each day. This she had done at intervals for years, and apparently with more or less benefit. Watching her opportunity the daughter obtained the bottle, a two ounce vial, from the sideboard, and drained its contents. When seen she was partially collapsed. The radial pulse was slow—about 30 per minute—irregular and almost imperceptible. There were large alvine evacuations, nausea, vomiting, loss of vision, and faintness almost to syncope, and altogether the prospect seemed a gloomy one, though complete restoration finally took place.

Such cases are not very common, and yet as digitalis is used so commonly and carelessly, and has, as is admitted on all hands, a cumulative action, the most alarming symptoms may arise without any warning and without increase of what was deemed a safe dose.

In such a case one would wash out the stomach, hoping to remove any of the drug unabsorbed, or not yet ejected, if vomiting had occurred. Not every physician has a stomach pump at hand, but an effectual substitute may be improvised by taking a piece of rubber tubing a few feet long—five or six—and introducing one end into the stomach, the other end being held above the head, and water poured into it through a tin tunnel—spout of a coffee pot, or other device. If, after the stomach is nearly full, the tube be pinched when distended with water, and the external end placed below the level of the stomach, it will act as a syphon and empty it. Nothing else being at hand an ordinary rubber enema apparatus with bulb in the centre, will fill the bill if the valves be removed, or, as is apt to be the case, they are out of order. A point worth remembering when the pump itself is used, is that a little water should be introduced before an attempt is made to empty the stomach. Failing, any of these appliances, resort must be had to an emetic, and the question is seldom, which is the best, but which can be first obtained. Some people vomit readily enough and with them a drink of tepid

water and the introduction of the finger or a feather into the throat will answer, but most persons require something more, and in them mustard—a tablespoonful in a half pint of water—will prove most useful, besides having the advantage of being always at hand.

Digitalis kills by paralysis or spasm of the heart which is found rigidly contracted. Stimulants, alcoholic and ethereal, are our best means of opposing this, and if not retained by the stomach should be introduced into the rectum or injected subcutaneously. There is also a tendency to fatal syncope, which is especially apt to occur when the patient attempts to make any exertion, even to sit or stand up—in fact patients under the full influence of digitalis, which is sometimes purposely and unwisely (we think) induced, are only safe when in a horizontal posture, and this should be maintained for a time after all symptoms have subsided. It is uncertain just what quantity was taken, but the vial was said to be full—probable nearly two ounces.

It is also no easy matter to say positively what is the fatal dose of digitalis, as much doubtless depends on the patient's age and condition, the condition of the stomach as regards food, the occurrence of copious and early emesis, and the strength of the preparation. The probabilities are that considerably less than two ounces will destroy life with much certainty, though this is not the only case where recovery has taken place after such a dose. No doubt digitalis has its uses, but it also has its dangers, and in our opinion the latter far outweigh the former. We find it possible to practice without it.

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

(American and Foreign.)

BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

ASTHMA.

This was the theme of an interesting paper by Dr. W. A. Perrins. He alluded to the frequency with which it occurs and the unsatisfactory results which attend attempts at cure. The disease was supposed to be a neurotic affection of the respiratory

apparatus and arises from both central and peripheral disturbances. Just what condition the brain, spinal-cord, or nerve centres are in when an attack comes on is a quention among pathologists, but some authorities think it similar to that of those suffering with epilepsy on account of the attacks sometimes alternating with epileptic seizures. He gave some of the more common theories regarding the cause of the paroxysms, such as pressure on the pneumogastric by enlarged lymphatics, exciting intelligence, the influence of local associations, indigestion and distention of stomach, and certain odors, dust, etc. Besides speaking of the asthmatic paroxysm consisting of spasm of the diaphragm or bronchial muscles, he gave the new theory of Leyden which is, that in the expectoration are found brownish cells undergoing granular degeneration, between which are small, colorless, octahedral crystals. Leyden's idea is, that there is a reflex spasm of the muscles of the bronchial tubes induced by the irritation of the terminal filaments of the vagus by the minute crystals. In the commencement of the paroxysm, sputa is usually absent but appears abundantly at the close. It consists of mucus, epithelium and peculiar yellowish green clumps in which are embedded Leyden's crystals. Asthma usually becomes a chronic disease, but is not incompatible with long life, or good health between the paroxysms. He mentioned some of the diseases for which asthma (especially the first attack) might be mistaken, the principal one being cardiac-disease. To relieve the paroxysm was the first thing to be thought of, and for that purpose he enumerated many of the remedies that had been used with good results.

Dr. Miles considered the subject, though a common one, yet one of great importance, and a suitable topic for medical essays, as they refreshed the mind of the busy practitioner. There were many theories as to the causation, that of Leyden, he thought, being decidedly new. As a rule there was little difficulty in diagnosis, but in some cases when complicated with bronchitis or cardiac mischief, the nature of the case was not so evident, and care should be exercised. He once met an eminent physician in consultation, who in a very careless way ran his ear over the chest of a patient with marked valvular disease with hypertrophy, and pronounced the case one of asthma, assuring him and the patient that relief would soon be secured if he would take five grains of iodide of potassium once in four hours. He was much chagrined when the true nature of the case became apparent. It is a fact that the therapeutic agent that relieves an asthmatic at one time may not relieve him at another. This is reasonable enough, and not against the remedy, for the paroxysm may be

produced by different causes at different times. All the conditions being alike a given remedy will produce like results over and over again, and always. He had a patient who was sometimes relieved by the tincture of lobelia seed; at other times by the tincture of gelsemium, and he thought he had come to know which of the two to prescribe when he saw his patient. He wished to call the attention of the society to the fact, as he believed it, that the solid extract of lobelia was superior to any other form of that drug as an antispasmodic. It was also less liable to nauseate the patient than any other preparation. He placed a low value upon grindelia robusta as a remedy for asthma. He thought he had given it a fair trial, but it had signally failed. It was possible that he had not used it in just the proper case, but at all events he had no confidence in it.

Dr. Young alluded to a patient who suffered repeated and frequent attacks for a period of twenty years, during most of which time he was unable to rest in a recumbent position. He then passed through a severe typhoid attack subsequent to which he enjoyed complete exemption from the asthma.

Dr. Gerald alluded to the comparative frequency, in his experience, with which the emenations from feathers seemingly induced an attack in those predisposed. He had used the grindelia with benefit, and one patient, who resisted all other means, always obtained so prompt and marked relief from it, that he had learned to connect the relief with the remedy, although given in combination, always asking for "that white stuff."

Dr. Newton recalled a case in which the patient had suffered perhaps fifteen or twenty attacks when he came under notice. The peculiarity being that a remedy that had once given relief failed ever after to do so. Not crediting the patient's declaration that such was the case, he prescribed in succession several of the usual remedies concealed in various vehicles, but at each turn he was met by the patient's statement "that is stramonium" or "that is lobelia," as the case might be, "it helped me once, but won't do so again." This proved to be the fact, and Dr. N. after complete failure with several remedies recognized as among the most effectual in asthma, hit upon a remedy which had not before been used, and secured the desired results.

Dr. Reid said that in no other affection did idiosyncrasy play so important a role as in asthma, the causes which might be said to precipitate an attack in different individuals being endless. The emenations from feathers were the source of trouble to many, while some were so discriminating as to decline to be affected save by duck feathers—ordinary or geese feathers being innocuous, such a case being reported by Flint. The inhalation of

smoke, dust, and pungent vapors were common exciting causes—while some are similarly affected by the odor from the horse or cat, and can neither ride nor drive. The old saying that "what is one man's meat is another's poison," is seldom if ever literally true; it is true, however, in a sense, in regard to the cause of asthmatic paroxysms, for some suffer most in a moist atmosphere, others in one that is dry,—some at a high, others at a low elevation, some inland, some by the sea, and so occult and various are the causes, oft times, that some suffer on one side of a street, the opposite side of which is innocuous to them. There are no specifics for asthma, a remedy that has given relief at one time being inert at another, as Dr. Newton had intimated, consequently patients are apt to run the gauntlet of a long list of agents before the effective one is secured. He instanced the case of a friend, in which the changes had been rung on almost every remedy that had ever been used. One of the oldest remedies—nitre paper made by saturating blotting pads in a saturated solution of nitrate of potassa, proved wonderfully potent. It was torn into inch squares and three or four burned at a time, the fumes inhaled affording prompt relief.

ACADEMY OF MEDICINE.

WHOOPING-COUGH.

Dr. Drury reported three fatal cases from this disease occurring in one month.

DISCUSSION.

Dr. Forchheimer said that he had used for a number of years quinine insufflations which he began in Vienna in Fleischmann's clinic immediately after reading Letzerich's article and continued it after his return here, always with good results. He had used this method both in private practice and in his clinic and published the results of his first ninty-seven cases in the American Journal of Obstetrics. He believed that by this treatment he had reduced the mortality as well as the morbility from this disease and had lessened the number of attacks. His success had justified him in keeping up this treatment and if others who had taken it up had failed, it was due to want of persistence or lack of method.

Of Dr. Drury's cases the second died of inter-current catarrhal pneumonia whilst the first and third succumbed to cerebral complications. Apoplexy is not so rare in these cases as one might suppose. Hemorrhages of the mucous membranes occur very easily from the efforts of coughing and in like manner considerable force is thrown on the blood-vessels; it is a wonder that we do

not see more cases of this kind than we do. It is generally supposed that a deceased condition of vessels must precede apoplexy. This is not necessary; the simple force may rupture the cerebral blood-vessels in a young child. Whooping-cough has been shown to be purely a parasitic disease, but the speaker was not willing to state that the parasite had really been found. If we examine the sputa in the bottom of the vessel with a microscope, a fungous growth in the shape of whitish spherules are found, which are supposed to be the cause of the disease. Letzerich and Tschamer have insufflated lower animals with these micro-organisms and have always produced whooping-cough. Latest developments in mycology have shown that these cough germs are not the true germ of the disease but only a concomitant. Perhaps if we still further prosecute the methods of Koch, which so recently have developed the bacillus tuberculosis we may arrive at a further knowledge of this subject. The experiments, however, that have been made so far have verified the parasitic nature of this disease.

Dr. Cassat thought that the majority of physicians nowadays were more intent on finding the reason for a disease than a method of treating it. He had tried insufflations but was never successful. He had found difficulty in using them, and when he did employ them found no more effect than by using quinine internally. He had no doubt that quinine given internally almost stopped the whooping-cough. He was in the habit of ordering two bottles, one containing tannin to correct the taste, the other quinine, and mixing the two as soon as the quinine is to be given. He had found this almost a specific in cutting short a paroxysm. He had tried to find the germ but never succeded. His efforts at finding the bacillus tuberculosis, to which he had given special attention, had proved futile so far, although he followed out all the directions given for that purpose. In fact with an ordinary microscopic he could find almost anything, but he believed that most of these were air-bubbles.

Dr. Young said he would refer to the time when the late Dr. Unzicker brought this subject up before the Academy, about twelve or fourteen years ago. This gentleman recommended a decoction of chesnut leaves for whooping-cough. He reported several cases where the paroxyms had been stopped by this agent and presented specimens of the leaves.

Dr. Sweet one of the original bonesetters, and formerly a regular practicioner, treated this disease with steam inhalations of lobelia and thus proposed to cure it. The speaker thought that in this manner, in the form of steam, more good could be expected locally than in the form of powder the action of which must be

but superficial. His observations had been that the severity depends on the epidemic. In spring and summer there is little trouble from the disease which could be checked by a small dose of bromide of potash, and is then not fatal, but in winter is worse, generally lasting until spring, and requires more energetic treatment. His method consisted in giving a footbath and applying a counter irritant to the chest a small piece of coarse paper oiled and sprinkled with a little pepper—every night. In additon to this he gave a five grain dose of bromide of potassium at night which would give rest till the next morning. He was however favorably impressed with what had been said about the chesnut leaves and would give it a trial at the next opportunity. He had no reason to consider it a specific in whooping cough any more than anything else is specific. We know that quinine is considered a specific against malaria and mercury against syphilis ; why they are so no one knows. In like manner the leaves of the chesnut may have the property of abating whooping-cough though why it should do so he was unable to say.

Dr. Wenning said that the subject, especially as far as the treatment is concerned, was of special inteaest to him at the present moment. As regards the pathology of this disease not much could be said. It was first considered a catarrhal affection, next a nervous trouble and lastly, within the last few years, it has been shown to be a mycotic disease. It is probably a mixture of all these forms represented by the different stages of the disease, the first stage being a catarrhal, the second a paroxysmal affection, the infectious element being mircococus. At the present time the disease is an epidemic in the city at least in the western portion of it. The speaker had it in his own family and for this reason had given a little more attention to it than before. It is well known that there is a great indifference among the laity to the treatment of whooping-cough and most cases are not seen by medical men, the parents contenting themselves with household remedies. The speaker must confesss that he had himself been somewhat infected by this indifference and paid but little attention to it in the begining. When the paroxyms, however, became so violent as to become painful merely to look upon, he decided to act energetically. The first case was a child two years of age. He prescribed various remedies, the bromides (ammon, sodium or potassium) belladonna, the fluid extract of castanea vesca, and later chloral. All these agents seemed to have but little effect, when he decided to try insufflations of quinine as recommended by Letzerich and his friend Dr. Forchheimer. Other physicians whose opinion he asked told him they had tried them but failed. As the speaker had now an opportunity of giving them a fair trial

and administering the remedy himself he precribed the following; sulphate of quinine and bi-carbonate of soda each half a grain and powdered gum arabic two grains a powder of this to be blown into the throat by the means of the insufflator every four hours and at the same time a mixture containing bromoide of ammonium (or latterly chloral) ipecac and belladonna to be given every four hours—one alternating the other, so that every two hours the child was taking something. He noticed that shortly after beginning the insufflations the paroxyms became shorter and the intervals between them of longer duration. In proof of the fact that this was due to the insufflation and not to other agents he would state that after having kept up this treatment for two days he neglected it on the third, when the paroxyms again set in with their former violence and frequency and he was requested by his wife to reinstate the insufflations immediately and the result was as favorable as before. The quinine given internally, though in larger doses, before he tried insufflations had not the desired effect. Letzerich's formula is quinia and bi-carb. of soda each one to one and a half centigrammes (1-6 to 1-4 gr.) and powdered gum arabic twenty-five centigrammes, (4 grs.) The speaker believed however that the quinine might be increased and also the bi-carbonate of soda (for which he now substituted the benzoate) and the gum arabic diminished as the latter is apt to absorb moisture and clog the tube of the insufflator. He had lately been called to another child nine months old that had been under no treatment for three weeks and as it was feared that it would suffocate during a paroxysm the speaker was sent for. He resorted immediately to the treatment detailed above and he was gratified in being informed the next day that the child had slept well the whole night, the first time in three weeks, and that the paroxyms were shorter and less frequent.

There is however frequently some difficulty in carrying out this treatment unless it is done by the physician himself, which is impossible to do so often during the day. The children will rebel and the parents will consequently also desist. If the latter be, however, of only ordinary intelligence there should be no difficulty. The speaker's child although it also objected very decidedly in the beginning became so accustomed to the insufflator in the end that it allowed the procedure without any further expostulation. In several instances when we had not been able to induce mothers to practice insufflation he ordered the powders to be thrown into the throat of the child whilst it was crying. This, too, seemed to act well in some cases though not so decidedly as the other. The speaker was surprised at the high mortality rate given by Dr. Drury, namely 68 per cent. in the first year of life.

The highest mortality rate that he had found was 37 per cent. Voit, quoted by Monte in the *Realencyclopædie der gesammten Heilkunde*, gives the following death rate: 25 per cent. for the first year, from this to the fifth year 4.8 per cent. and from the sixth to the fifteenth year 1.1 per cent.

Dr Clark said that swabbing the mucous membrane of the throat with nitrate of silver had been recommended. Smith recommends minute doses of acetate of morphia (1-60—1-30 gr.), keeping the patient in a state of drowsiness for three or four days. He had, however, also seen good effects from the insufflations of quinine.

Dr. Ellsbury had never used insufflation of quinine, but gave it internally with bromide of potash. He had, however, used boracic acid for insufflation, but as qunine was administered internally at the same time he could not tell which was the curative agent.

Dr. Wilfert thought dilute acids very efficient. They dissolve the mucus and allay the irritation about the glottis. He had given dilute hydrocyanic acid in combination with small doses of quinine. He thought quinine with the acid would act better than when given alone.

Dr. Cleveland said that the chesnut leaves are in common use by people generally as a domestic remedy, but Unzicker made a point in stating that they must be gathered at a special time and properly dried. Another domestic remedy is a syrup of the winter turnip. The turnip is cut in small pieces and covered with sugar; the juice which is thus abstracted is then given. He had no knowledge of the efficacy of these agents as he had only heard of their use, because physicians are rarely called in to treat these cases.

Dr. Nickles called attention to the fact that when so many remedies are proposed for one disease generally none are efficient. His treatment of whooping cough is as follows: During the first or second week he gives simply chlorate of potash or muriate of ammonia with syrup of ipecac; when the paroxysm or whooping sets in he gives five to ten grains of bromide of potash at a dose. If the paroxysm is not yet ameliorated he adds the fluid extract of chestnut leaves. As this is a harmless remedy it may be given in large doses: half a drchm to children, two to three drachms to adults. He found that under this treatment the paroxysms ceased in a few days. Belladonna is a good remedy when the disease is paroxysmal, but its effects must be pushed. Morphia is, no doubt, useful. Quinine does well in some cases, but at other times fails. Morphia and belladonna relieve the irritability of the nerves; quinine may act on the germ, but it is

difficult to bring the remedy in contact with it. He always gives the bromide of potassium because he considers it as good as any other bromide—it is the bromine which is the active agent. In answer to Dr. Young's remarks on the action of specifics, Dr. Nickles replied that as regards the action of mercury in syphllis it becomes first converted into the bichloride; as it enters the tissues it gives off chlorine which is again converted into calomel, which again becomes the bichloride; thus by this circuitous action chlorine is constantly given off which acts as a disinfectant. In like manner arsenic throws off oxygen and iodide of potassium nascent iodine.

Dr. Young said he merely wanted to convey the idea that until we had tried the remedy we would not know its action. It is only experience which gives us these results, and we must afterwards apply the theory of action. As regards mercury and iodine, no matter what is their action, we know that they are rapidly thrown off; we know that syphilis manifests itself in the glands and skin, and that it is also thus thrown off. New cellular growth is destroyed by this action.

Dr. Nickles agreed to Dr. Young's statement that we first learn by experience, theorize afterwards and then learn by deduction the action of certain agents in other diseases. But sometimes we make their deductions before experiment has taught us their action. Chloral, for instance, was said to possess certain qualities before it had been tried, and when it was afterwards used their predictions were verified.

Dr. Forchheimer said that there seemed to be an impression among some of the present members present that the germs of whooping-cough were not localized. He must correct this idea; they are to be found in the neighborhood of the epiglottis, then proliferate downwards into the larynx, thence they may enter the bronchial tubes and finally the lungs. Letzerich found them in the aveoli of the lungs. It must be remembered that treatment must be directed to the prevention of the downward proliferation; if the germs of this disease get into the larynx or further downward nothing can be done. He did not consider the insufflation treatment so very difficult. In the last year he had been able to instruct the mother how to perform this operation. This treatment must, however, be commenced early and continued regularly at least twice a day without interruption for a certain length of time. A person ought not to be discouraged if the good effects are not observed immediately, for often no impression is made for three days.

Dr. Drury said that if there was any truth at all in the germ theory of disease it was more apparent in whooping cough than

perhaps in any other affection on account of the extreme contagiousness of the disease and immunity from other subsequent attacks. In some diseases it is a difficult matter to get the germs, but here a simple means would be to take the sputa, treat them with quinine and inject them in the larnyx and thus see if the quinine had any good effect.

Dr. Young said he did not believe in the germ theory. He could not see why these animalcules should attack the system only once; if there were the same conditions present at any other time there is no reason why they should not attack a person a second time. If the sputa be disorganized and then treated with quinine it might prevent infection, but if they be lodged in the throat quinine can not act in this manner. This procedure is frequently a source of error in experiments made upon the so-called germs of disease.

SELECTIONS.

MANGANESE IN THE TREATMENT OF AMENORRHŒA.

Drs. Ringer and Murrell write the *Lancet*: "We are desirous of calling attention to the value of a very simple remedy in a very common complaint. For some time past we have used permanganate of potash with much success in the treatment of certain forms of amenorrhœa, and are satisfied of its value. Our observations have extended over a period of thirteen months, and we have now notes of sixty-nine cases. The majority occurred in hospital practice, but some were private patients. A small number remained under observation for a few weeks only, but the majority continued to attend for a much longer period; so that in some instances we have a complete record of the menstrual history for a year or more. In some cases the amenorrhœa was the cause of the patient seeking advice; in others its existence was mentioned incidentally, the patient suffering from some other complaint. Our cases are such as come under the care of the general as distinguished from the obstetric physician, and do not include those requiring operative interference. As a rule we refrained from making a vaginal examination, but with this exception our notes are complete. We have used the permanganate in two forms, first the pharmacopœial solution, and secondly the permanganate made into pills, each containing either one or two grains. Generally we begin with a grain three times, and then gradually increase the dose to two grains four times a day. Our most striking results have been obtained with the larger doses; a

large dose sometimes succeeding admirably after the failure of a small one. Before commencing treatment we inquire carefully into the menstrual history of the patient, and as a rule give the remedy only for the three or four days immediately preceding the expected period, but should it fail to produce the desired effect we direct the patient to continue steadily taking it, and in some cases it has been taken continuously for nearly three months. In our experimental observations we have given the one drug only and have done nothing in the way of accessory treatment. Our most striking results have been obtained in young women between the ages of eighteen and twenty-five, who, from some accidental or trivial cause, such as catching cold or getting wet, have 'missed' once or twice after having been regular. The administration of one or two grains of permanganate of potash in pill three or four times a day for a few days before the time of the expected period will bring on the flow almost to a certainty. In some instances the periods were brought on after the patient had ceased menstruating for over a year. In the case of country girls who have 'seen nothing' for a month or two after coming to town the treatment has answered admirably. Often enough patients do not consult their doctor until they are 'overdue,' until the time of the expected period has passed by for some days. Even then the prompt administration of the permanganate will often bring on the flow at once, but should it fail to do so the treatment ought to be continued, and the patient will probably menstruate normally at the next monthly time. Generally our efforts are not crowned with success until the medicine has been taken for at least three or four days, but in some instances the permanganate acted with striking rapidity, the menstrual flow making its appearance after only two or three doses had been taken. It is not necessary to discontinue the treatment on the appearance of the menses; in fact we generally tell the patient to continue taking the pills three or four days longer, finding it facilitates the flow. The permanganate often succeeds well after the failure of other remedies, such as iron, aloes, nux vomica, strychnia, pulsatilla, nitro-glycerine, and hot mustard baths. Sometimes, however, it is necessary to give it for six weeks or even longer before the desired result is obtained. In those cases where the patient has menstruated only once or twice, and has then entirely ceased for some months, our treatment answers well; the menstrual function is re-established, and thenceforth proceeds normally at every successive monthly period. In some cases there was no actual amenorrhœa, but the flow was scanty, lasting perhaps only a single day, or it may be only a few hours. Here the administration of the permanganate prolonged the flow, and even in some instances when it had ceased brought it on again.

"In girls of about fifteen or sixteen, who have never menstruated at all, the permanganate, as might be expected, is not so certain in its action; but even here it not infrequently acts promptly, bringing on the flow at once. In some cases where the general health was bad, and the permanganate had failed, we suspended treatment for a time, and sent the patients into the country for a month. On their return we gave the permanganate a second trial, and it succeeded at once. We have, however, sometimes failed to bring on the menstrual flow even when the patient was in fairly good health, and when there were the usual indications of puberty.

"It is not only in the case of young women that manganese is so useful; it succeeds almost equally well with women between thirty-five and forty, who, as the result of many pregnancies and much suckling, have ceased to be regular. Here, for example, is a typical case. A married woman came to us complaining that she was never regular. She had had nine children in as many years, and rarely saw anything more than once between her pregnancies. She had been suckling for eight months, and had not been poorly for seventeen months—the nine months she had carried and the eight months she had suckled. She was not in the family-way, but said she expected she would be soon if she weaned the baby. She did not know when she ought to be poorly, and had given up all expectation of seeing anything. She was ordered two one-grain permanganate of potash pills four times a day, and came on poorly a fortnight after, the first time for seventeen months.

"We need hardly say that before treating the amenorrhœa care should be taken to see that the patient is not pregnant, although we are satisfied that the permanganate given in the dose we recommend has no power to produce abortion either in the early or late stages of pregnancy. We find that manganese fails to induce the flow when the amenorrhœa is due to advanced phthisis. But in some cases of arrested phthisis the treatment was successful, and the patient, after a time, under the influence of permanganate, menstruated freely and at regular intervals. In several instances patients informed us that the pills had proved of value in curing 'whites' of long standing. As a rule the permanganate is taken without difficulty, but patients much prefer the pills to the solution. The solution is peculiarly disagreeable to take, and in some cases produces nausea and even vomiting. Patients frequently complained after taking the pills of a heavy persistent pain over the upper part of the sternum, 'as if something had stuck there and would not go down.' This was not due to the drug being given in the form of a pill, for the same

complaint was made when the same dose was given in solution. One patient said the pain was of a burning character, and another said it was like heartburn. A girl of sixteen, to whom two two-grain permanganate of potash pills were given four times a day, said the pain, 'like a lump at the chest,' came on immediately after each dose, and was so intense that she had to go to bed for two hours.

"That the effects we have described are due to the manganese, and not to the potash in the salt, is shown by the fact that manganate of soda and binoxide of manganese are equally efficacious in the treatment of amenorrhœa. The manganate of soda was given in two-grain pills, two four times a day; and the binoxide in four-grain pills, one four times a day. It may be thought that the manganese acts by improving the condition of the blood, but this is not the case. The treatment succeeds equally well in the plethoric and in the anæmic. Given in cases of chlorosis, the permanganate not infrequently brings on the period without in any way improving the anæmia."

DIALYZED IRON.

Dr. Prosser James has lately said, in a summary of the position which dialyzed iron is entitled to hold in medicine, that the persalts of iron are frequently employed solely on account of their astringency while the protosalts are occassionally considered as being destitute of this quality. The freshly-prepared carbonate is an excellent mild chalybeate, but difficult to keep in an unaltered state so that preference is given to reduced iron. The scale preparations of iron are held in repute, both from the extreme facility of their use, and their agreeable taste. When these three forms of iron are inadmissible, dialyzed iron may be resorted to with admirable effect. It is a milder chalybeate than the three preceeding, and does not produce the slightest irritation.

A recent analysis by Professor Tichborne of Wyeth's preparation agrees almost exactly with Graham's statement, that dialyzed iron contains 98.5 parts of the oxide and 1.5 parts of hydrochloric acid. The liquid thus obtained differs altogether from an ordinary solution of salts of iron, by its not giving rise to the blood-red color on the addition of alkaline sulphocyanide, nor to the blue precipitate with ferrocyanide of potassium. It does not become cloudy on boiling, nor when agitated with two parts of ether and one part of alcohol is the ether layer colored yellow. It is so sensitive that ordinary spring water will cause a precipitate, yet no precipitate is produced by nitric, acetic, or muriatic acid. Graham's solution gelatinized in about twenty days, and

he regarded it as a solution of colloid ferric hydrate which, he considered, existed in both a soluble and insoluble form. It is however, never free from chlorine. Theoretically, therefore the, the liquid is a solution of basic oxychloride, but it can never be imitated by dissolving saturated solutions of the hydrate. All these artificially-made liquors are astringent, with ferruginous taste and acid reaction.

Respecting the theapeutic value of dialyzed iron, of which there has lately been some inclination to doubt. Dr. James says there is no question. By the method now followed of counting blood-corpuscles it is found that the taking of dialyzed iron both increases their number and improves their condition. Dr. James gives, as an average dose, twenty to fifty drops daily, in three doses. Dr. Weir Mitchell, of Philadelphia, gives as much as a drachm at a time.

Specimens have appeared in the market which are not only innocent of any acquaintance with a dialyzing membrane, but seem little else than diluted solution of perchloride of iron.—from the *London Chemist and Druggist.*

THE INFLUENCE OF HIGH ALTITUDES IN PHTHISIS PULMONALS.

The influence of high altitudes in phthisis pulmonals is a subject of great interest. The benefit derived depends to a great extent, not only upon the conditions of the atmosphere, but also of the soil, which should be a dry one. Francis J. Allen, of Edinburgh, says, in the New England Medical Monthly, that it has been proved that the damper the soil the more prevailent is the disease. The conditions of the atmosphere which he claims as assential, are rarity, calmness and purity, with sun-warmth. The rarified air stimulates the circulation, and sometimes its effects are felt at first on the brain and liver. The respirations are more frequent, but soon become slower and deeper, and the chest increases in size. It is also important that the air should be calm, as the winds are trying to the patients and they lose ground. The sun-warmth, greater than at low levels, produces a happy effect, causing better sleep, better appetite, better spirits and great improvement generally. The greatest stress is laid upon the purity of the air, for careful experiments show the absence of all germs, and though they may exist in the lungs of the patient they are soon gotten rid of, and putrefactive changes in the secretions are arrested, and the fever accompanying their absorption soon passed off.

The class of patients deriving the most benefit are those who

can stand the changes of temperature and take sufficient exercise. If they suffer from cold hands and feet, and have blue lips, they should not remain. Persons with nervous diseases, disease of the heart or liver, or with rheumatism, are not benefited. If catarrhal symptoms exist to a great extent, while general improvement takes place, the cough persists, and such would do better in a warmer climate.—*Weekly Medical Review.*

AVENA SATIVA IN NERVOUS AFFECTIONS.

At a recent meeting of the Academy of Medicine Dr. Cassat called attention to the articles recently published in various journals on the use of the concentrated tincture of avena sativa in the cure of the opium habit. It was not for this purpose, however, but for the treatment of various nervous diseases that he administered the remedy. The first case was that of a young lady who had been under his treatment very often for extreme nervonsness. She was troubled every night with such harassing dreams as to wear her out. The speaker then gave her the concentrated tincture of avena sativa, and the patient rested well ever since without dreaming.

A medical friend of his mentioned the case of a man who had posterior spinal sclerosis, followed by paralysis, so that the patient was unable to walk. The avena was given with such marked effect that the patient recovered in two days. Another young man similarly affected recovered in six weeks.

The speaker had four cases in all which completely recovered. None of the patients had the opium habit. The dose administered was fifteen drops, three times daily, of the concentrated tincture.

Vomiting in Phthisis.—In order to relieve this symptom of such frequent occurrence in phthisis, Dr. Woillez painted the pharynx with a solution of bromide of potassium, and found it very useful. A pencil of charpie dipped into a solution of pure bromide in two-thirds of water was passed rapidly into the pharynx before meals, the patient being required to abstain from expectoration afterwards as long as possible. In several cases the vomiting was arrested by the first application, while in others the action, though less immediate, was also beneficial. Fifty-two applications having been made in nine patients, vomiting only occurred seven times, the operation always being performed before food was taken.—in *The Practicioner.*

EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

MASSACHUSETTS MEDICAL MILLS.

A PERSON signing himself "Student" recently wrote a letter of inquiry to the *Times*, of Kansas City, asking "is there any State in the Union where I can practice medicine without a diploma? I have attended one course of lectures." The *Times* replied, "Yes—in Massachusetts." We began to fear recently that the same answer might be given to anyone asking if there was any State where they might procure a diploma without attending lectures, a judicial decision having been rendered that institutions *a la Bellevue* were legally incorporated and could confer degrees in medicine, good in point of law, even to persons who had not studied a proper time. In fact diploma making on the hot-house, or Buchanan, plan seemed likely to develop into one of the most thriving "manufactures" in the Commonwealth, but the Attorney General has taken away the power theoretically, and we hope practically, of such diploma mills, by a decision in which he holds that institutions of learning or science, created under the general law, do not possess the power to confer degrees. We hope this is conclusive, and that the fair name of the old Bay State will not suffer this stain, and if any uncertainty yet remains in the matter, we beseech the powers that be to so legislate as to remove all possible doubt. Several years ago the Massachusetts Eclectic Medical Society placed itself on record as opposed to every sort and form of bogus diploma making, and today its face is set like a flint against anything having the least suspicion of such intent. Of certain movements projected, at this writing we have only to say, that the status of some of the projectors indicates the probable character of the proposed institution, and excites gloomy forebodings for the cause of medical education.

GAMBETTA'S BRAIN.

IT is the popular impression that the intelligence and intellectual capacity of the individual is in just proportion to the size of his brain, and by a careful examination of the development and size of the encephalon in different species of animals, and different races of men, we find that as a rule they do correspond very closely with the degree of intelligence possessed. Among quadrupeds the elephant has much the largest and most perfectly

formed cerebrum in proportion to his size—eight to ten pounds—and he is proverbally the most intelligent and *teachable* of his kind and in this most resembles man. This power to be taught which is seen in a few of the lower animals, is quite a different thing from instinct, which never varies, and always does the same thing in the same way, with endless repetition. Intelligence however admits of being taught, and enables its possessor to profit by past experience and to adapt himself to circumstances, and it is this that constitutes the superiority of man over the lower orders. The cerebrum is the portion of the brain in which the intelligence resides, and accordingly we find it much larger in man, in proportion to the entire body than in animals, while in them other parts, e. g. the olfactory ganglia or the optic tubercles are larger, and they far surpass him in acuteness of the special senses. Gray gives the average brain weight of the adult male, as 49 1-2 oz., there being a difference of five or six ounces between the two sexes. Cuvier's brain weighed 64 oz.; Ambercomby's 63, and Dupuytren's 62 1-2. While it is true, as a rule, that the larger the cerebrum the greater the superiority, still its functional activity is modified no doubt by its texture, as well as its size, increased excitability compensating for deficiency in bulk. Of this Gambetta furnished an example. Born of humble parentage, and of a father who despised the advantages of education and destined him for some humble occupation, by his unusual powers he earned his way up to the chief position in the French republic, and won the admiration or fear of all men, and yet the astonishing fact is revealed that he possessed a brain weighing but 36 ounces, the convolutional development however being unusually rich and well marked. It is decidedly unique and almost incredible that a man of such rare intellectual attainments should have had so small a brain, for the range of brain weight in imbeciles is said to be from ten to thirty-five ounces, and it would appear that Gambetta bordered very closely upon that range, but in him quality compensated for quantity.

WRITE THE DIRECTIONS.

Quite recently a little girl died in a neighboring city, from poisoning, the result of a misapprehension on the part of her mother as to the manner in which the medicine prescribed should be given. She had an attack of follicular pharyngitis, and a physician being called prescribed a fever mixture (aconite) and directed that an ounce of chlorate of potash be procured and two teaspoonfuls dissolved in a glass of water and used as a gargle. The mother through dullness or heedlessness misinterpreted the

directions and gave two teaspoonfuls of the saturated solution internally every three hours. Symptoms of poisoning developed themselves within twenty-four hours and death ensued. Who was in fault? Not the doctor certainly, for the remedy as prescribed is a useful and perfectly safe one, as the coroner's jury agreed, and had his directions been followed no accident could have occurred, and yet one cannot help thinking that a little extra pains on his part would have prevented the unfortunate result. Had he written the directions and not trusted to the memory of the nurse or friends, no such misunderstanding would have occurred and a valuable life would have been saved. We know a number of careful practitioners who pursue this custom, and it is an excellent one in many ways. It not only reduces the risk of such accidents to a minimum, but insures the giving of the medicine at the proper time and in the right way, and if the written directions are made to include those pertaining to diet, etc., the faithful observance of them is more certainly secured than when they are delivered verbally. Nor is it without benefit to the physician since they serve to refresh his memory at subsequent visits, and where many similar cases are seen in succession, the details of each are apt to be forgotten. The other day a physician in New York told a mother to give her sick boy "maltine"—a teaspoonful. She went to a drug store and called for "morphine," and administered about three grains to the little fellow and of course he died. True the apothecary was criminally careless in selling so poisonous a drug in such quantity and under such circumstances, but had the physician written the name of the desired article that would have prevented the fatal mistake. Write the directions!

PNEUMONIA'S PREVALENCE.

An unusual number of deaths from pneumonia are reported from all parts of the country, and especially in New York city the mortality has been very great and has attracted much attention. Among those who have succumbed to the disease, are Dr. Geo. M. Beard, Mrs. Dr. Beard, Ex-Gov. Jewell, of Connecticut, and Mrs. Jewell, each of the ladies surviving her husband just a week. Pneumonia is a very common disease, and occurs in every latitude, and under every variety of climate and circumstance. While the popular opinion that it is induced by exposure to cold may occasionally be true, it is more than probable that, in a majority of instances at least, cold only plays the part of the match, everything being prepared for the explosion. On the other hand many suppose that when the winter is severe and the

atmosphere is what is termed "bracing," the mortality is not great. This however is an error, for a severe winter kills at both ends—kills off the very old and the very young. No doubt causes which depress the vitality favor its development and excesses of all kinds, particularly loss of sleep and exposure to night air, are fruitful causes, for at night the system is much more vulnerable than in the daytime. Statistics seem also to prove that the abuse of alcohol stands as a cause, such indulgence opening a breach for the entrance of the disease. No doubt much may be done toward warding off an attack by efforts to keep the constitution intact and maintain the general health at or above par. People should not overwork themselves, and if possible should keep free from great mental anxiety, since those who have a great deal to care about, men who bear great responsibilities seem very liable to this disease. Here as well as elsewhere it is worry rather than work that kills. Those who go from apartments at summer heat, into the cold outside atmosphere encounter danger, as do those in the country who go from a heated room into halls or sleeping apartments which are unheated. If people would consider health rather than mere comfort and luxury, they would not persist in living in overheated rooms. Race seems to exert considerable influence over pneumonia, and it has been repeatedly observed that in our northern cities there is less liability to the disease among the poor German population, than among the Irish poor, while it is a well established fact, that the plantation negro at the South is far more liable to, and less able to sustain, the disease than the white man, though in the matter of yellow fever the reverse is true, and Sambo has the advantage of his white brother.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Pursuant to adjournment, the thirteenth annual meeting of this association will be held at Topeka, Kansas, convening on Wednesday, June 20th, and continuing in session three days. Greater prominence than ever before will be given to the working of sections, and the general convention will thereby be relieved from the embarrassment of discussions which it has not time to pass upon, nor regulate. The subjects which have been allotted cover a wide range, and cannot fail to be productive of papers both interesting and instructive. An earnest appeal is made for a full attendance. "We are aiming at co-operation, the working together of the best men in our ranks to advance the cause, to exalt the ethical and professional standard, and to

combine our efforts and energies for the benefit of all. Nor is it one of the incentives to be overlooked or despised that the opportunity is given to freshen agreeable acquaintance, brighten the links of fraternal association and extricate ourselves for a season with great personal, moral, and social advantage, from a monotonous routine life, which however necessary is very certain, if not occasionally interrupted, to deteriorate the health, cheerfulness and even the character." We gain ground by every convention. The time is propitious, and certainly so is the place.

SECTION WORK AT TOPEKA.

The chairman of sections A. B. C. and D. are calling loudly on members of the National Association to have something worthy of themselves in readiness at the coming convention. Section work will be a prominent feature at all future meetings of this association, all papers being assigned to their proper section from whence the winnowed wheat will be returned. It will hardly be possible for papers written after July next to get even a notice—certainly they cannot appear in the Transactions. It is to our interest that there should be a good showing at Topeka, and as the time is little more than two months distant, papers to receive that careful preparation which they ought should soon be undertaken. The Kansas City, Fort Scott, and Gulf R. R. Co. offer free passes to members of the association, and ladies accompanying them, from Kansas City to Baxter Springs. President Howe and wife; Ex-President King and wife, and many others have signified their intention of availing themselves of this generous offer. "We can do justice to about seventy-five," says the proprietor of one of the principal hotels to Prof. Yost, of St. Louis. We are assured, however, that no *double entendre* is meant, and if the weather be not extremely warm, nor the mosquitoes too inquisitive, an enjoyable time may be expected.

SCARS AND SYPHILITIC SORES.

The report of "A Divorce Suit," which we publish elsewhere, is substantially correct, the real name of the parties being of course suppressed. It possesses considerable interest in a medico-legal aspect, as we do not remember that the question involved—the necessity of a scar following a chancre—was ever raised in a court of justice before. A scar *may* follow a soft chancre, in fact probably will, if it be treated to caustics, as is often the case, but the puckered tissue is not to be confounded with that which sometimes remains after a true chancre. Just as the inoculated vesicle

of vaccina, or the variolous vesicle, present many deviations from their natural course, so may the sore, which results from syphilitic inoculation, depart widely from the usual course of the true Hunterian chancre, and furthermore there is no sort of doubt, that inoculation of syphilis sometimes takes place without the development of any appreciable local sore, or that a sore having existed may depart and yet no visible cicatrix remain.

It is a mistake to say that there are no honest men. Some such do exist, even in the medical profession, as the following, which is vouched for, will illustrate: A physician in Cincinnati (nothing personal is intended) recently in filling out a certificate of death, inserted his own name in the blank space following the question, "What was the primary cause of death?" If it be true that "the truth should not be spoken at all times," we would have said that *that* was a time when it might with advantage have been suppressed.

ANTISEPTICS AND LISTERISM.

The advocates of "Listerian adjuncts" in surgery manifest a degree of servility that is hostile to progress, and to independence of thought. They—the Listerites—would have us sneeze at a certain stage of the dressing if "the father of the scheme" happened to do so at that particular point. They would have us believe that we know nothing about their wonderful and scientific (?) methods if we vary a dot from the original rigmarole. The credulous followers of Samuel Thomson never exhibited a blinder zeal in attempts to imitate a leader than do the devotees of Listerism. They claim to have experimented with other antiseptics than carbolic acid, yet find none that answers their purpose. And, what is their purpose? It is simply to follow a maker of idols.

Another partisan feature of the Listerites is general misrepresentation. They assume that he who does not champion the scheme of "exclusion" is necessarily opposed to cleanliness and antiseptic manipulations: they, in other words, are not honest in their expressions.

Lister did not discover the toxic powers of ferments,—he did not demonstrate the presence of bacteria,—he only sought a way of excluding them from traumatic surfaces. His scheme was to hermetically seal wounds, and he seldom, if ever, succeeds. He might as well cover an open wound with hot pitch, and say a Latin prayer as an amen to the proceeding. It is merely stuff and nonsense to fill the heads of sycophants. The philosophy of

the Listerites is like that of the punctilious dairy-woman who strained a pan of milk to get rid of the saliva of a tobacco-chewer!

The germ theory of disease was not evolved by Lister, yet is held by every intelligent surgeon in the world. Many embraced the Listerian method because it was ingeniously devised to exclude the presence of ferments in wounds, yet the scheme did not come up to its promise, and the liberal minded have consigned it to the limbo of oblivion, the dark abode of a thousand other fanciful theories.

The independent thinkers among the surgeons of today are decidedly *eclectic*,—they select what proves to be good, and cast aside that which fails to keep its word. Diana of the Ephesians is *great* only when her oracles prove correct.

It must not be considered that all diseased states arise, develop and destroy through the agency of micro-organisms. There are mechanical and chemical sources of destruction that are not swayed by the presence of bacteria any more than is a steamship disturbed by the fish in the sea. 'Phytes and 'zymes are in abundance wherever the conditions of existence are favorable, and in many instance their presence contributes to the well-being of higher organizations. It is puerile to suppose that every phyte and zyme is toxic and deleterious. It should be considered that a liquid may be putrid and poisonous, and yet not embrace bacteria. The absorption of such a liquid will call into activity septic fever.

Until we know more about matters discussed under the head of sepsis, we shall be prudent if we scorn the dogmas of would-be-leaders, and cultivate the courage to investigate independently. Probably the *debris* of bacteria impart poison, and not the living organisms. If that virus can be modified—neutralized—it will do no harm. The employment of modifying agencies—neutralizers or cleansers—is easier and more practicable than the use of excluders—Listerian wrappings.

In one half the surgery of the world the utilization of spray, gauzes, mackintoshes, and kindred appliances, is impracticable. How can a tonsil be excised, and the wound subsequently be dressed with "Listerian adjuncts"? If there be anything that can be called seriously ridiculous it is to contemplate a lithotomist cutting for stone while he is enveloped in a cloud of carbolic spray! Bacteria cannot be excluded from the wound, therefore why attempt to drive them away while incisions are made?

In the closure of a vesico-vaginal fistula the seam is to be kept in a cleanly state, but to attempt to dress it with "Listerian adjuncts" would simply be preposterous.

H.

A MALICIOUS ATTACK.

The *New Haven Register*, of March 4th, has a libellous communication in regard to Dr. S. B. Munn, of Waterbury, Conn., which reflects the animus of the writer, and displays not only intent to wrong, but an utter disregard of truth. The allegation is that a patient died from strangulated hernia, whereas Dr. Munn who had been treating him had found nothing of the sort. The writer takes occasion to unburthen himself of the usual amount and quality of filth; asserting that Dr. Munn is an eclectic with a John Buchanan diploma, etc. Those who *know* Dr. Munn know him to be a careful, conscientious, painstaking practitioner. He has repeatedly held offices in State and National Associations, which a man with a spurious diploma could not attain to.

It is not always easy to diagnose strangulated hernia, and many very "regular" (?) physicians regularly blunder about it. But for the practice of their professional brethren to lie them clear, and even swear them clear, numerous cases of the sort would see daylight. In the case in question, Dr. Munn will probably ferret out the *diabolos* and give him a rich taste of law. I opine, however, that cudgel would be more wholesome.

The truth is that the patient had eaten grossly—five consecutive meals of baked beans and cheese in two days, Sunday and Monday. On the evening of the latter day Dr. Munn was called, and found him in great pain in the region of the stomach; he was also retching and vomiting, not ejecting food but simply drink and medicine. There was evident obstruction of the bowels, which were not relieved, but no inguinal hernia whatsoever. On Thursday the friends desired a counsel. As only his Old-School enemies were called, he had no alternative but to abandon the case. It was their opportunity, and as usual their disposition to make the most of it. The patient died, as a large number would under like circumstances. If there was any rupture, it occurred within the twenty-four hours preceding death. It is hardly probable that there was.

Out of such fustian the whole matter has been fabricated. Practically no injury has been done Dr. Munn; the false accusation does not gain credence, its object is too evident and is understood. He has a large and lucrative practice, and enjoys the confidence and esteem of his patrons. It will be necessary for his adversaries to begin again.

A. W.

A NECESSITY OF THE DAY.

Few minor inventions have been so readily appreciated and come so quickly into general use as the stylographic pen. None who have used one will ever be contented with any less convenient apparatus for writing, and in a short time there will be few who have occasion to write at all who have not adopted it. The general principal of the stylographic pen is so familiar as to require no explanation. We have made trial of various kinds, but have found none to equal the improved Livermore Stylographiical Pen, which combines all the advantages of other makes. It is convenient to use, writes with any kind of good ink, and is practically indestructible. Sold at first for $3 each, the price has recently been reduced to $2 for plain pens, with fifty cents extra for gold mounted. By sending that amount to Louis E. Dunlap, Manager Stylographic Pen Company, 290 Washington Street, Boston, a pen, together with a package of superior ink, will be sent by return mail, and the money will be at once refunded if they do not prove to be perfect in every respect.—*Morning Mail, Lowell, Mass.*

No physician—certainly none who does a prescription business—should be without one of these pens. Penciling is easily erased—and a prescription calling for a safe quantity of a powerfull remedy, or a proper amount of stimulants, could be readily increased to any extent, by a designing patient. It could also be changed to suit the convenience of the party dispensing it, and thus the error made to appear that of the physician. These are not unheard of things, but the stylographic pen reduces such risks to a minimum.—Ed.

ANTISEPTICS.

A. M. Owen, M. D., Professor of Surgery, Medical College of Evansville, thus commends Listerine:

"I have become so thoroughtly convinced of the true merit of Listerine that I can unhesitatingly confirm its claims as a perfect antiseptic.

"Since I ceased to use carbolic acid, several years ago, I have found no antiseptic or deodorizer in which I could place so much reliance as Listerine. Have employed it in dressing several after-amputations; one at hip-joint in child for disease of femur, one just below the joint in adult, cause the same; another, just below knee-joint, cause gangrene of foot; all made rapid recoveries, the first two cases being up and discharged well in four weeks. In a case of contracted fingers, following a burn in palm of hand, after dissecting out the integument and cicatrical tissue down to flexor tendons, extending to tips of fingers, I did not transplant any skin, but dressed with Listerine, 1 drachm;

water 2 ounces; had rapid filling in with healthy granulations, and the parts skinned over more quickly than ever before under my treatment. I have had the same good results in dressing old ulcers, and as an injection in leucorrhœa and gonorrhœa, and as a gargle in ordinary sore throat, varying the dilution according to indications. In wounds and operations, generally Listerine 4 drachms, water 1 pint; or when to be kept constantly applied, Listerine 1 or 2 drachms, water 1 pint; in simple leucorrhœa, Listerine 1 ounce, hot water 2 pints night and morning; gonorrhœa, Listerine 1-2 or 1 drachm, water 1 ounce.

"The happiest results from LISTERINE have been in washing out bladders chronically inflamed. Old cases of cystitis have yielded and improved more under Listerine 1 ounce, distilled water 1 pint, than anything I have ever used."

MISCELLANY.

SIMPLE FORM OF CAUTERY.—Dr. Post says (*Philadelphia Medical Reporter*, September 23, 1882). that he is in the habit of employing a form of actual cautery which, upon the whole, he much prefers to Paquelin's cautery. It consists of six short wires grouped together, with which, after heating it in a lamp close at hand, six small burns can be made simultaneously, instead of one after another. If heated only moderately, a number of small scars can be made, which for many purposes is preferable to the single eschar produced by a large cautery. The amount of irritation produced by this multiple cautery is very moderate, and the burning sensation resulting from its application is relieved as by a charm by a strong solution of bicarbonate of soda. After the first day an ointment made of a drachm of extract of stramonium to an ounce of vaseline greatly relieves the pain. Dr. Post finds this cautery very useful in almost all cases of chronic inflammation about joints, especially when it is attended with great induration of surrounding tissues, and also in various instances of deep-seated pains.—*Medical Times and Gazette.*

UTERO-OVARIAN DISEASE IN INSANE WOMEN.—Dr. Margaret A. Cleaves, Physician to the Female Department of the State Lunatic Asylum, Harrisburg, Pa., writes in her annual report: "Briefly formulated, my conclusions, then, are as follows; that a large proportion of women in insane hospitals have some form or another of utero-ovarian disease; that many of those under treatment make marked mental and physical improvement coincidently with the improved local condition, that in a majority of cases, however, this improvement, owing doubtless to the long standing of the combined physical and mental disorder, only reaches a certain point, beyond which it seems impossible to make further gain."

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ORIGINAL COMMUNICATIONS.

*DISEASES AND ACCIDENTS OF THE JOINTS.**

BY E. YOUNKIN, M. D.,

Professor of Surgery in the American Medical College.

GENTLEMEN.—An understanding of the diseases of the articulations involves a knowledge of the varied structures of joints, all differing in their formation, functions and pathology. Differing materially in these respects but united in such a way in the work of joint-function that disturbance of any one part is sufficient to derange the harmony of the whole.

Joints in their simplest forms are composed of ligaments, synovial membrane and fluid, fibro-cartilages, and the cartilaginous coverings of the ends of bones.

The ligaments are in the forms of capsules and fibrous bands or thongs. The capsular ligaments are fibrous bags surrounding the principal joints. They serve to hold the opposed ends of bones together. Internally they are lined with synovial membrane which secretes the synovial fluid, and these elements together play the part of the lubricating box and grease to the railway-train; the mere bands acting as the coupling chains.

The accessory ligaments support the capsular and the check ligaments limit the action of joints.

*A clinical lecture delivered at the City Hospital, St. Louis

The osseous tissue is the foundation upon which the articulations rest.

The fibro-cartilages are of three principal varieties; the *interosseous*, *interarticular* and the *circumferential*. These take off the concussions or act as buffers to the railway-train. The interosseous fibro-cartilages are found between the vertebral bodies and bones of the pubes; the interarticular are situated in joints whose action is more free and divides the joints into two compartments. The circumferential serve to deepen the socket as in the acetabulum and glenoid cavity.

The connective and adipose tissue so abundantly deposited around some joints serve as packing material to the lubricating box and fill up the cavities or hollows, and it is well to bear in mind that the atmospheric pressure upon a joint forces the cartilages against each other and the soft parts around a joint yield inward from all sides. The adipose tissue is thus driven into the spaces not otherwise occupied and thus the harmonious action of a healthy joint, precludes the idea of a cavity, in the proper sense of that term.

Now then if you by way of experiment inject water or air into the capsule of a joint you will break the contact between the bones, or if you should even open the capsular ligament and move the bones backwards and forwards the air will rush in to the joint and break up the connection.

This, gentlemen, is an important factor in the consideration of joint diseases, and you can thus readily perceive how serum, pus, or blood may produce disaster to the function of joints.

To impress this fact more fully let us examine the healthy knee of this patient. You observe that the integument on either side of the ligamentum patella is depressed, the weight of the atmosphere it is thought, has pushed the superficial parts in to occupy the otherwise gaping space, but if a trochar and canula was pushed in here the air would rush in and push the integument outward.

We cannot at this time give you an extended reasoning upon the phenomena entering into the arrangement of joints. Our purpose is to show how joints may be rendered useless by the disturbance of their function.

In previous lectures I have endeavored to impress upon you the importance of classifying all your surgical knowledge. I call attention then to the following synopsis of our subject: 1. Joints that become stiff from prolonged disease. 2. Joints rendered useless by degenerative changes. 3. Those stiff by the interference of badly adjusted fractures where fragments are pushed into the joint. 4. The function of joints disturbed by sprains.

1. The first class of cases is the result of causes purely mechanical. If you should flex one of your own arms to a right angle and fix it in that position for a time, notwithstanding your arm is perfectly healthy, it would become stiff and powerless. The stiffness would here be due to the prolonged disuse of functional activity. The elasticity, flexibility and power of adaptation would be suspended. No degenerative changes need take plaee but the adipose and connective tissue around the joint would be absorbed and the bony points and outlines of the ligaments and tendons would in time become unusually prominent. This patient serves as an illustration of this condition on account of a fracture of the middle third of the humerus. He has kept his arm in a splint and sling until he is unable to straighten it and the muscles and adipose tissue are in a lesser degree of development than upon the opposite side. The osseous prominences are more clearly seen. The fracture was so far away that it did not in any way involve the joint. It is now united and to set the joint at liberty is to cure the rigidity and restore the wonted development.

By this simple case we are taught an important lesson, namely, that whilst *rest is an important factor in the restoration of an injury, action is the natural law that strengthens and develops the physiological parts.*

2. In the next class, joints are rendered useless by degenerative changes, and the external appearances are exactly reversed from the former. The outlines are obliterated. There are no osseous prominences to be seen and no depressions visible.

Here is a little boy, aged twelve years, you see how stiff his knee is. The parts are bulging and there are sinous openings into the capsular ligament from which pus is flowing. The har-

mony of the structures is broken up by the atmospheric pressure and collection of pus. The joint is stiff and useless.

Now an ignorant manipulation in such cases would be mischievous in the extreme. The elements entering into the treatment in such cases are, rest with proper immobilization of the joint. If abscesses form let out the pus, after which pressure with antiseptic dressings, and finally when the degenerative changes have ceased, passive motion may be employed with marked benefit.

We shall not at this time undertake to enumerate the varied changes which are likely to involve the joints under this heading. The diseases from the degenerative influences form too large a class to give anything like a cursory view of the subject upon this occasion.

3. In the third class of cases stiffness of the joints is caused by fractures taking place near or within the articulations. The interference of joint-function may be here due to organized inflammatory products or the relationship disturbed by faulty setting of the fragments. The treatment consists in an early passive movement, and forcible measures often do good.

In fractures running diagonally into joints I have seen some of the most gratifying results follow passive motion and forcible traction when the ends of the bones were firmly secured, so that the force could be brought to bear immediately upon the articulation.

4. Joints rendered stiff by sprains. I have passed briefly over the preceding in order to spend more time upon my last class of cases. Practitioners are so accustomed to treating this part lightly that I feel inclined to place some emphasis upon it. You have often heard the expression "it is only a sprain." Now I aver that whilst sprains may vary greatly in their severity they stand as grave injuries, often presenting much pain and interference.

If the sprain consists in the mere temporary over-distension of the structures about a joint, rest and anodyne lotions will soon afford relief, but severer cases involve pathological changes of a more serious nature.

The following conditions are likely to be present in sprains:

The capsule is liable to congestion and inflammation; effusion is found to a greater or less extent; tendons in proximity are torn from their osseous grooves, and their thecæ are more or less lacerated; plastic lymph is organized finally into adventitious tissue; the ligaments are over-stretched or torn from their adjacent periosteum, and swelling, softening, and disintegration may follow.

"*The Painful Spot.*"—Every sprained joint has a particular spot where pressure causes acute pain. This painful place is of diagnostic value as it implies the seat of greatest injury to the ligaments and points out the part where the power of resistance has been most severely tried.

Let us now briefiy examine the principal joints with the view of locating the painful spot in each individual joint.

1. *The Shoulder Joint.*—This joint is most commonly sprained in attempting to shield the trunk in falling. The hand grasps at the nearest support while the body is thrown violently from the arm. In this accident the long head of the biceps is called upon to exert its utmost power. The force comes so suddenly and forcibly that the tendon of the biceps may slip from the bicipital groove, and its sheath become over-stretched or torn. Besides this the accessory ligament (coraco-humeral) of the capsule which lies a little forward of the groove is sometimes the part ruptured or over-stretched. In either one or the other of these points you will find the painful spot.

2. *The Elbow.*—The most common method of spraining the elbow-joint is an over-supination with extreme extension of the forearm. The internal lateral ligament is attached to the inner condyle of the humerus and to the sigmoid cavity of the ulna. This ligament is called into requisition and may be either over-stretched or torn, and it is here that we find the painful spot.

3. *The Wrist.*—The hand is liable to be twisted in so many different ways that the painful point is not so definitely fixed as in the former articulation, but usually it may be found at the styloid process of the ulna; (washerwoman's sprain) the internal lateral ligament extends from the styloid to the cuneiform and pisiform bones. In other cases the annular ligament in front of the wrist is the seat of greatest pain.

4. *The Hip Joint.*—The most common cause of sprain at the hip-joint is when the body is flung violently backwards. In this accident the accessory, or ilio-femoral ligament which descends obliquely from the anterior inferior spinous process of the ilium, to the intertrochanteric line upon the femur, is called upon to render its utmost resistance. The head of the femur lies three-fourths of an inch below the inferior spinous process and the ligament passes over it in front. The point of pain will be found associated with this ligament.

5. *The Knee Joint.*—Sprains of the knee are almost always caused by a twist of the foot outwards. The rotation of the tibia outwards upon a vertical axis is resisted by the internal lateral ligament. This is a broad fan-shaped ligament attached above to the tubercle on the internal condyle of the femur, and below it blends with Winslow's ligament and the tendon of the semi-membranosus muscle. It is this ligament that suffers most when the tibia is violently rotated outwards and hence the painful spot will be found at the back of the lower edge of the internal condyle. The ligamentum patella may be over-stretched or ruptured from a violent tension upon quadriceps extensor in which case the seat of greatest pain will be just beneath the patella.

6. *The Ankle Joint.*—This joint is particularly liable to sprains and here too a fracture of the fibula is so likely to occur just above the malleolus and at its tip that the true state of the injury may be very easily overlooked. Where sprain is produced by the foot being twisted inwards the painful spot will be found in front of the external malleolus pointing to a breach in the anterior fasciculus of the external lateral ligament. If the foot is twisted outwards the pain will be found bchind the external malleolus over the posterior fasciculus of the external lateral ligament.

Here is a gentleman, who entered the hospital a few days ago with an injury to the ankle. The ward-physician has determined it a sprain. It is encapsulated with a plaster-Paris dressing. Let us see how the case accords with what we have said. "When did you receive an injury of the ankle? About a week ago. How did you receive it? I fell upon my foot with the foot turned under me." Now gentlemen you see that by this fall the

foot was twisted inwards. We shall ask him where it pains him most upon pressure? Answer, "Right there." Right there in front of the external malleolus and over the anterior fasciculus of the external lateral ligament.

Treatment.—The treatment of sprains in my opinion should be mainly mechanical. Too much reliance is placed in liniments, pills and powders. Rest, position, pressure, and manipulation are the elements upon which we should rely.

1. *Rest* consists in a deprivation of the function of a joint. A sprained joint should be rested not merely by reclining upon a pillow but by complete immobilization by means of splints as in fractures. The plaster-of-Paris answers a most admirable purpose.

2. *Pressure* may be applied in the use of splints. The roller bandage will supply this end. The rubber roller is the most effectual. The purpose of this means is to crowd from the extremity and injured parts the surplus blood. Care should be exercised not to have the bandage too tightly applied.

3. *Position* regulates the law of gravitation. If the limb is suspended below the level of the body the fluid parts will crowd into the injured tissues and excite congestion and inflammation. In all severe cases you will therefore raise the injured part and thus avoid these results.

4. *Manipulation* is necessary in the more remote sequences, to overcome rigidity and to promote the absorption of supervenient material. We mean that you shall use passive motion and massage. Rest at the beginning and passive motion and rubbing finally.

"*COLLECTIVE INVESTIGATION OF DISEASE.*"

BY A. J. HOWE, M. D., CINCINNATI, OHIO.

In the *British Medical Journal*, of January 27th, is an *Address* by Sir Wm. Gull, which cannot fail to attract attention at home and abroad. The argument advanced is in favor of the "collective investigation of disease," or the study of morbid expressions, features, phases and phenomena in a comprehensive manner. An autopsy may reveal the terminal pathology of a part, yet not make known the state of disorder or the degree of disorganization at an early stage of the disease. Incipient disease is only known by symptoms: and at these the therapeutist

aims curative agencies. The pure homœopath rarely goes beyond symtomatology,—he observes certain morbid expressions and obtains a set of subjective signs, and then tries to call in mind the drug that is known or reputed to alleviate or aggravate the group of phenomena. He hunts for the remedy which is *homœopathic* to the case. If he has been a good observer he may be able to say that in right tonsillitis *lachesis* should be given, and *apis* when the left tonsil is affected! It must require great power of discrimination to draw the fine distinctions our transcendental brethren manifest in their diagnostics and therapeutics, yet who can sucessfully combat their reasoning. Patients get well after taking "potencies,"—"their faith has made them whole."

The average homœopath does not care for the revelations of an autopsy—he is not governed in the next case of the kind by what he sees in death, but by symptomatic indications. He reads in his favorite author that *carbo* will produce certain sensations, or the administration of the drug is followed by such and such æsthetic feelings, therefore *carbo* promises to cure the case. The medicine is given; and a cure follows. Was anything ever so clear and convincing? Such "practice" is not physiological and scientific, but special, dogmatic or "specific." It is a mingling of diagnostics and therapeutics—the Chang and Eng of medicine.

The allopathy of the past was also dogmatic, and "specific" to a limited extent, reckoned disease an exalted state of vital activity; and the special cure consisted in depletion by blisters, bleeding, and catharsis. The livers had to be "purged" of vile humors, the organ was the abode of ills and illnesses. A "specific" calomel, was the "gogue" to stir up and drive out the malignity.

Then came the Thompsonian with "canker" and rencounter with diaphoresis together with healing balms. His was little more than an extended domestic practice; and never attained the dignity of a system.

Now we have scientific and rational medicine which claims to be liberal though some of its advocates exhibit much bigotry.

Enlightened eclectics and progressive "regulars" are now working to elevate medicine to the high level it ought to occupy. The labor is divided and sub-divided, so that there is room for original investigation in a hundred or even a thousand departments. We now have *specialists* who at length become experts in the varied branches of science.

The ordinary "specialist" is a quack — a mountebank — a swindler, and a disgrace to medicine, therefore he should be ostracized and ignored. He is an impertinent person, and claims

to be working in the right direction, yet his ears are too long for a lion.

"Collective investigation" calls for contributions from all sources. It asks the nature of all the 'zymes and 'phytes that afflict mankind, and calls for parasiticides. The microscopist has entered upon a new field of labor, and much is expected of him. The prints of his toil have already become sanitary blessings. The surgeon now knows that zymosis springs from contaminating germs, as truly as weeds come from pre-existing seeds. The pharmacist presents us with palatable and "wholesome" remedies. Pleasant medication is a feature of modern practice. Nauseous doses have been consigned to the limbo of all that is vile. There is no valid reason why medicine should be regarded with aversion.

Gynæcologists have by collective research and co-operative effort made greater progress than could have been imagined twenty-five years ago. Then a woman with a vesico-vaginal fistula or an ovarian tumor must continue in her misery. Now such ills are overcome with a degree of certainty no other branch of medical or surgical practice can claim. The abdominal cavity is no longer regarded as a magazine of explosives—ready to blaze the moment its parieties were incised. Drainage is now established in the abdominal walls to draw off the provocatives of inflammation.

Diseases of the heart and lungs are better and better understood as methodical investigation goes on. Incipient phthisis can now be cured in most instances; and cardiac difficulties are ameliorated by the use of remedies whose virtues have lately been ascertained.

Here it may be remarked that while ambitious parties are flooding medical literature with worthless stuff in regard to the valuable (?) properties of newly discovered agencies, we are not to lose sight of the fact that real advances have been made in the uses of old remedies. What we need is the comparing of "notes." I find that almost every doctor has a special medicinal agent for a particular disease, yet refrains from publishing the valuable knowledge. He does not keep the secret for his own benefit, but not being a writer he never gives the valuable fact to the world. We need collectors of such material; and our medical journals would be glad to become distributing media.

The busiest of medical men declare they have no time to make note of "good things" or to classify facts coming under their observation, yet "where there is a will there is a way," and time to execute a purpose. Let us find cures for intractable diseases. Who will be the first to find a satisfactory remedy for whooping-

cough? I confidently believe such a remedy is in existence. Epilepsy continues an opprobrium to our profession. To be sure, some progress in the amelioration of the disease has been made, yet we are not masters of the malady.

In conclusion I would say that the employer of complex mixtures is not likely to make progress. If he stumbles upon a cure he cannot tell which of the several agents did the good. He may flatter himself that his recipe is of value to the profession, but it is not. Medicine has too long been shackled with confusing and confounding jumbles.

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*LARYNGEAL DIPHTHERIA.**

BY E. E. SPENCER, M. D., CAMBRIDGEPORT, MASS.

About one year since I gave you a few suggestions regarding Diphtheria. I believe, then I was the only one in our society, who ever lost any patients with the disease, I remember some who had treated *large* numbers of cases and told us that *none* died. For several years past it has been considered disparaging for physicians of any class to lose these cases, and accordingly none do, *only* when they are "called too late." That many do die, however, of diphtheria is certain, according to weekly lists of mortality in our several towns and cities. My individual experience sustains these reports.

I do not propose any especial theory of cause, I do not pretend to know the cause, neither from what I have seen, do I believe others know *much* more than I. That sewer gas is the cause of all the cases, I do not in the least credit; neither can we assign specific cause to all cases of diphtheria, more than we can to rheumatic, typhoid, and lung fevers or a dozen other forms of acute disease. I am not that strong believer in its contagion that would class it with small-pox and scarlatina. That it is often infectious is not to be questioned, but that its origin is many times, wholly unknowable, I do not doubt. I believe there is a something that produces a specific effect upon the circulation. and that something produces the local manifestations in the throat, we call diphtheria. Its special affinity is for the tissue of that region, and its severity is in accordance with the susceptibility of the patient to the cause which produces the disease.

That seventy-five per cent. of all the cases of so-called diphtheria will recover by the most simple of domestic treatment, is without a doubt; twenty per cent. of the balance can be materially relieved by judicious treatment; the five per cent. remaining will probably die in spite of any treatment now known.

*Read before the Massachusetts Eclectic Medical Society.

While I have very decided opinion as to remedies, and that quinine, chlorate of potash, and muriate of iron are the essentials, and the iron beyond all comparison *the one* agent, I do not care to discuss special agents in treatment, but more particularly the manner of treatment.

With all things equal, age, temperament, surroundings, medicines used, nourishment given, the special care and mode of applying the remedies, rests fifty to seventy-five per cent. of the patient's chances of recovery, if the disease is at all serious, while the liability of paralysis following is diminished in equal proportion.

I refer to the prevention of the passage of the secretion of the throat into the stomach, which impairs digestion and assimilation, poisons the patient with increased rapidity, and results so often in death.

The patient should gargle the throat *often* and spit it all out. Nothing should go into the stomach unless the throat has been recently washed *out*, or *up*, not *down*, nor *in*. The reasons why we should keep the throat as clean as possible, besides those definitely mentioned, are, the poison that produces the disease causes changes in the blood prejudicial to life, and every particle of the matter secreted in the throat and allowed to pass into the stomach, diminishes the chances of recovery. Observations of late years prove that many deaths, whose predisposing cause was diphtheria, have for *imnediate* cause, paralysis, ante-mortem heart clot, or embolism in some other part. An increase of fibrine is prominent, not that any fibrine has been made, but that other essential qualities of the blood are less because of the disease, therefore the increased liability to heart-clot and embolism. How often the patient dies suddenly, after convalescence has apparently begun. The heart suddenly gives out, muscular degeneration of the organ is manifest at the autopsy. The poison that produces the disease is a powerful depressor of the vital forces, and vitality is at once lessened in a marked degree. We cannot fail to note the necessity to keep the stomach in the best condition by preventing the swallowing of the secretions of the throat, which are most poisonous, producing disastrous effects upon the pneumogastric nerve and its great sympathetic plexus.

I am of opinion that the effect upon this nerve and its immediate accessories is the cause of a large number of deaths in diphtheria or if not death, many of those long continued struggles for life, coupled with paralysis. It is my belief, that it is the pneumogastric nerve that is the first and most seriously affected, and I believe the reasoning simple, and easy to understand. Experience teaches me that young children are those who suffer most

from the disease, and in proportion, as we are able to keep the parts affected well cleansed, and prevent the secretions or excretions of the throat from passing into the stomach. When the membrane forms in large quantities with extensive swelling and a very dark purple look of the mucous surfaces, the patient refusing to gargle, whether because of its youth or other reasons, it generally dies, when I am in attendance. My prognosis always varies in accordance with the care and frequency with which the throat is cleansed.

If they do not die at once, paralytic conditions particularly of the œsophagus, trouble in the ears with difficult hearing, while the eyes many times are seriously involved, form some of the evils that follow as a sequel to this infernal disease. The virulence of the poison you will admit without argument; and if it is put into the stomach, must it not have a very decided effect upon the pneumogastric, aside from that of a constitutional depressor. May it not act as a *local destroyer* of this nerve as it is exposed by its anterior and posterior branches in the stomach? Have you not noticed how rapidly the strength goes, notwithstanding all the nourishment, stimulants, and medicinal tonics that can be given? Also, when the throat is not in a bad condition to look at, the difficulty in swallowing from the lack of muscular power, which is but a degree of paralysis? Again, the weakness of the heart is the indication of the sympathy of the cardiac branch; and when it stops wholly, many times the cause is the paralysis of this branch.

If, as is maintained by many, the disease is entirely local at its inception, being caused by some form of vegetable or animal life, originating without the body and brought in contact with the mouth and larynx in the air, and, locating in these parts producing all the trouble known as diphtheria; if, I say, such is the fact, is not the necessity for the out-washing of the throat made imperative. Upon any theory of the cause, sewer-gas, or any other, bacteria or not, devils with shape or without, named or unnamed, the necessity for the cleaning out is the same.

I have had special reference, thus far, to that form, that, in its local manifestation is principally in the throat, where the tissue is soft, and the disease makes its most rapid progress in structural degeneration. There is another, however, where the throat is not so much disturbed. Although the parts are very red, the swelling is less, the fever not so high at the commencement, the membrane develops more slowly, with very little on or in front of the tonsils, but extends to the larynx, trachea and bronchia, where it *stays*. The chances of recovery in this disease, in my opinion, depend upon the readiness with which we can *localize* the treatment.

What can we do in this last-named condition, or where it is no farther down than the larynx? Besides the fact that we cannot apply our remedies directly to the membrane, we have a different tissue here. Cartilages, ligaments, muscles, etc., with the mucous membrane is all; none of that soft, follicular tissue of the mouth; none of that throwing out of the large quantity of that semi-fluid matter that is present when the mouth and upper part of the throat is the seat of infection. The membrane does not appear to form so rapidly but the case is less hopeful; and where it really reaches the trachea and bronchia, hope is not in the case with any treatment now known to me.

Three cases have come to my care within the last few days, ages respectfully two, six and ten years. The first was brought to my attention while attending another member of the family, suffering, apparently, from malaria. A coated tongue, pain in region of the liver, fever middle and latter part of the day, with severe sweats at night, stomach irritable and nauseated. He was relieved after a few days. I was then told the baby had a bad cold with cough. The child was about the room, not apparently sick aside from the cough, which was rather harsh. I prescribed acetus tincture of sanguinaria, compound syrup of tolu, and camphorated tincture of opium (a little), to be given in small doses, often repeated. Early on the morning of the third day I was called; the child, apparently, had taken more cold and was much worse. I found a well marked case of laryngeal diphtheria, extending into the bronchia, but with little membrane, or white patches in the throat, and those far behind the tonsils. The patient was dead in four days, from asphyxia.

Number two is now under treatment, this the fourth day; had been sick one week when I was called. The parents knew his throat was sore, but the neighbors told them their children had been just the same and came out all right, and he would; but the throat grew worse, some canker (as they called it) was seen, breathing became difficult, cough, like croup, all alarmed and away for the doctor. When I saw my little patient I was sick and could give but little hope. There were considerable patches on tonsil and posterior portion of throat, swelling quite extensive, but the cough was my special alarm, with the drawn, strictured manifestation at the top of the sternum; but I was not sure of the actual condition. I had a diphtheritic throat; had I a similar larynx and trachea? I *hoped* the membrane had not located far down, and commenced treatment. At noon today the throat is quite clear of patches, but the ulceration is severe, the breathing is improved, the strictured manifestation mostly gone, the cough is softer and does not give you the *ague* to hear it, the pulse is

quite weak and easily compressed, but I have strong hopes of recovery.

With number three, this is the third day of treatment, and fifth of the attack. I was called to it during the night. A doctor had been there some hours before me, was "fearful" she would have diphtheria. I find the mouth full in the roof, tonsils large, very red, a little of the membrane on them, and patient delirious. Could not get her to open her mouth, or understand anything I said. Was told she was in similar condition when the doctor before called, was there. He gave a prescription to give half teaspoonful every four hours and left, *nothing* more. On my second visit ten hours after, she was more quiet, and I was able to get a better look at the throat; the roof of mouth and in front of tonsils was covered with the membrane and the soft parts were œdematous; the nares, posterior and anterior, were invaded, but the patches did not incline to *go down*, yet the case is serious at this moment. The œdema of the uvula is intense and all the soft parts about, and the eyelids show marked symptoms of the same. It is difficult to have the treatment properly and thoroughly applied. She has enough of Hades in her to oppose the doctor and his medicine and recover. I mention this last case, because of the high delirium, which is not wholly gone now, the intense fever, and the extensive spread of the membrane, while the others went the opposite way, and the acute symptoms in the two first were not as intense as the last by one hundred per cent., but more dangerous.

What, gentleman, *can* we do in those cases of laryngeal, or croupal diphtheria with any prospect of cure? When I am called to one, I feel *helpless*, like one bound beyond possible release. What then do we *know*, what of our vaunted knowledge, skill, and scientific attainments? When poor, suffering humanity pleads in tones of agony, with outstretched hands, supplicating for relief, I ask, what shall we do?

In case number one, I did *something*, but without faith, without hope. Six weeks before, its mother had died of consumption. This the youngest, with five others were without her care. The father, just rallied from his recent sickness, was the only nurse except the old grandmother, who was of no account. Every moment of those days and nights, he was constant and unremitting in his efforts, doing what I did not for a moment believe would relieve, although it was done by my, "the doctor's" order. For many hours before it died, it did not sleep, nor lie still but for a moment, but continually called "Mamma, mamma," with arms extended, gasping for the air it could not get. Oh, that poor little face! At just fifty-five minutes to midnight, the exact

time its mother died, it found its redemption. The logic of science, the theories of savants, nor the ridicule of the unbelievers can make that poor stricken father believe, that when the child called its mamma, he did not hear its mother's voice through the open window, speaking his name, rousing him to renewed energy. Who, here, wishes to gainsay that poor man? Not I!

Again I ask, Mr. President, in these cases, what can we do?

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

(American and Foreign.)

BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

MEASLES.

This was the theme of an interesting paper by Dr. P. E. Howes. Like the other exanthems the disease was characterized, he said, by a specific eruption. Its contagiousness was unquestionable, and treatment tended rather to lessen its severity than to shorten its duration. The symptoms when fully developed were highly suggestive, but in the earlier stage the catarrhal symptoms were often deemed unimportant by the parents, and the child was permitted to continue attendance at school, thus spreading the contagion among his playmates, for it became active at an early period. These catarrhal symptoms were almost pathognomonic, and when any suspicion of exposure to contagion existed, were very suggestive indeed of the disease. There was elevation of temperature from the first, and on the fourth day (72 hours) after onset of fever, a rash appeared, first on the face, extending later to the trunk and extremities and clearly determined the nature of the affection. It was brightest on the exposed parts and had been compared to an aggregation of mosquito bites. The rapidity with which convalescence took place depended much on the previous condition, but recovery was often delayed or very gradual. The disease had been confounded with roseola, scarlatina, and variola, but there were marked points of difference by which these should be excluded. Roseola should be by the absence of catarrhal symptoms; scarlatina by the rash appearing after 24 hours, its vivid color, and the throat affection; and variola by its lumbar and sacral pains, vomiting and peculiarity of its vesicles. Dark red irregular spots could generally be seen on the soft palate before the cutaneous eruption appeared.

Treatment should look toward palliating the disease rather than aborting it, since no known treatment shortened its duration, and heroic measures might readily aggravate it and retard recovery. The violence of the febrile action might be lessened by the judicious use of sedatives, etc., while the tension and heat of the skin, if great, could be relieved by inunctions. A diet, bland yet sustaining, should be allowed and protection against draughts enjoined, due attention being given of course to ventilation. Under no circumstances was it truer that "cleanliness is next to godliness" than in the sick-room. Should there be a recession of the eruption, it should be brought to the surface again. For this purpose Ringer advised holding the child in strong mustard water till the hands and arms of the nurse smarted and tingled. This seemed like heroic treatment however, and needlessly severe.

Dr. Bailey inquired if the essayist had proved the action of the tincture of asclepias, either alone or combined with lobelia, in causing determination to the skin and thus favoring the development of the eruption? The decoction he thought more efficacious than the tincture, but less easy or pleasant of administration. Dr. Howes responded that he had employed these agents, and with highly satisfactory results.

Dr. Perrins regarded the lobelia especially useful in the early stages, when he usually combined it with aconite or veratrum. He spoke of the difficulty of impressing the public, especially the less intelligent classes, with the importance of hygienic measures in all acute diseases. He was recently called to a Jewish family and found four children suffering from the measles. The room was intolerably warm, and the atmosphere extremely vitiated, and as they failed to comply with his directions, concerning a lower temperature, pure air, and baths, he declined to assume responsibility for the cases, so important did he regard these.

Dr. Gerald reported an epidemic of several hundred cases as having occurred in Hyde Park during the past few months, though it had since subsided. He thought both physicians and parents were inclined to do too much. He advocated the use of lobelia, belladonna, and gelsemium, when certain conditions, which were by no mean constant, presented themselves.

Dr. Geddes alluded to it as a self-limited disease with an inherent tendency toward recovery, consequently he usually directed his efforts toward palliation of the more severe symptoms. In developing the eruption he found warm drinks gave him gratifying results. He reported that a decoction of mullen had been extensively used, it being an excellent diaphoretic. Hygienic measures should be instituted; the room being darkened, during the stage when the catarrhal symptoms were at their height,

especially if there be much conjunctival irritation. The use of the juice of acid fruits he thought was to be recommended e. g., oranges, cranberries, lemons, etc. They were grateful to the patient and also had a decided restorative action; he continued them until convalescence was well established. He was also partial to their use in scarlatina and other acute affections.

Dr. Spencer briefly dstailed two cases in which the temperature was extreme, the skin parched and of a purplish hue, and the vital forces seemed overpowered as it were, by the severity of the attack, the patients dying collapsed during the twenty-four hours succeeding the onset. In a case recently dismissed he believed recovery had been greatly facilitated by the judicious use of baths.

Dr. Reid said measles was one of the most virulently contagious of diseases, the presence of a single case among a number of unprotected persons inducing a more certain and wide-spread outbreak than either of the other exanthems would do under similar circumstances. This was due in a measure no doubt to the fact that its contagiousness was fully developed at an early period, being at its height on the second, if not the first, day of invasion and before the specific nature of the attack was revealed. If uncomplicated, little or no internal treatment was required, in his judgment, though palliative ones might be advisable; the complications constituting the chief causes of death. For the soreness of the throat black currant jelly was both soothing and beneficial, so also was a gargle of warm milk. The patient should generally be confined to the bed or sofa in an airy and well ventilated room of agreeable temperature, (about 70°,) be protected from draughts and have a bland diet. Warm baths were, as had been intimated, of great service, when the eruption was dusky or came out imperfectly. They were also beneficial later in the disease if convulsions occurred.

The president described a peculiar form of sickness almost epidemic in character recently seen in Lawrence. It was thonght to have been traced to the use of milk from cows to whom cotton seed had been fed. Bottle-fed infants given milk from such a source were seized with intense colic and vomiting, the bowels being obstinately constipated. Adults using the milk were similarly affected and both rapidly recovered when the use of the suspected milk was discontinued.

Dr. Reid thought it in the highest degree probable that the cotton seed was responsible for the gastro-intestinal disturbance alluded. He also called attention to the difference between the mothers' milk and cows' milk, the former being alkaline, the latter apt to be acid; if from stall-fed cows almost certainly so.

Dr. Perrins alluded to a medical college recently started in this city known as "The College of Therapeutics." The unanimous opinion expressed was that the society disclaimed all responsibility for or connection with it and desired to publish its action in the matter.

NEW YORK ACADEMY OF MEDICINE.

Dr. Beverly Robinson read a paper entitled

A CLINICAL STUDY OF CAFFEINE AND CONVALLARIA MAIALIS AS CARDIAC TONICS.

The author of the paper gave a *resume* of the literature of the subject, the views held concerning the physiological action of the drug, and added an extensive clinical contribution. The clinical histories of several cases, with post-mortem conditions, were referred to as having already appeared in the proceedings of the New York Pathological Society, published in the Medical Record.

The President related the histories of two cases, and raised the question whether the effect produced by this remedy is entirely due to its power as a cardiac tonic, or whether it might not have another property, which is perhaps as useful, but which, so for as he had observed, had not been mentioned by any writer.

Case I.—Five weeks ago he was called to see a gentleman who was in a very feeble condition, but the only evidence of disease which he was able to detect was a general failure of nerve-power and loss of appetite and strength. Any exercise caused shortness of breath, and at times he suffered from a sense of suffocation, with palpitation and a feeling of terror. When an exacerbation came on the patient was ashy white, very restless, anxious, and alarmed, and there was coldness of the extremities. Careful examination, made not only by himself but by several eminent physicians in cities through which the patient had been travelling, failed to discover either cardiac, pulmonary, or renal disease. The patient had profound mental depression on account of a family affliction. It was noticeable, however, that during the periods of his greatest distress there was no marked feebleness of the pulse. Six drops of convallaria were prescribed to be taken every three hours. On the evening of the same day, six or eight hours having elapsed, the patient expressed himself as feeling very much better, and on the following day, as being in the most comfortable condition he had been in for two months.

Case II.—A widow had an attack of bronchitis accompanied by very violent and persistent cough. Nervous prostration was

very great, attended by apprehension, inability to get her breath, palpitation, etc., *but there was no marked weakness of the cardiac impulse.* Convallaria was prescribed and the benefit which followed was even more marked than that shown in the first case.

The question was, Is it not a vasomotor stimulant?

Dr. F. P. Kinnicutt remarked that his observations, also, made largely in St. Luke's Hospital, corroborated essentialy those reported by Dr. Robinson. The diuretic effect of the drug, however, he had not noticed as being so marked as stated by the author of the paper. He thought that further experiments were necessary to determine the exact *modus operandi* of the remedy. He also regarded as still an unsettled question whether palpitation depends on exhaustion of the vagi or of the cardio-inhibitory apparatus.

Dr. A. A. Smith's experience concerning the diuretic power of the drug accorded with that expressed by Dr. Robinson.

It had seemed to him that when cardiac hypertrophy was present the remedy was not indicated. In chronic renal disease, with cardiac hypertrophy, according to his observations, it aggravates the symptoms. In cases of enlargement of the heart in which dilatation predominates, it serves a very good purpose. He was not, however, prepared at present to give up digitalis and substitute convallaria. Nor was he quite sure the experiments of Ott had not demonstrated that it does not act through the pneumogastrics.

Dr. Smith then referred to four well-marked cases of

PULMONARY ŒDEMA COMPLICATING PNEUMONIA,

occurring in his service at Bellevue Hospital, and which illustrated the good results that possibly might follow the administration of convallaria. Three patients received a hypodermic injection, containing ten minims of the fluid extract of the root of convallaria with one two-hundreth of a grain of sulphate of atropia, repeated every half hour, and all recovered. The fourth case was one of pulmonary œdema complicating pneumonia, occurring in a patient suffering from Bright's disease, and it terminated fatally. He had seen better results follow the use of hypodermics of one two-hundredth of a grain of sulphate of atropia than by the adoption of any other plan of treatment, and therefore was unable to say exactly how much the recovery in the three cases reported depended upon the effect produced by the convallaria; the combination, however, was a happy one.

Dr. Smith did not think that the drug acted as a direct respiratory stimulant, as does belladonna and strychnia, but that it probably acts through the circulatory system. However, on ac-

count of the difficulty of obtaining preparations of uniform strength, and for other reasons, he regarded it as important to be exceedingly careful concerning accepting conclusions with reference to the way in which the drug produces its effects, and precisely what those effects are.

Dr. Robinson, said that he had not had cases which made him feel that possibly in convallaria we possessed a special stimlant to the vasomotor system.

On motion by Dr. J. C. Peters, the President was empowered to appoint a committee of five to make investigations concerning scarlet fever in horses.

Dr. Janeway recently had a case come under his observation which presented some interesting and rather remarkable features. It was one of a series of cases of empyema. The patient was admitted to Bellevue Hospital and assigned to the insane pavillion as a case of acute mania His wife said that he was apparently perfectly well until the nignt before admission, when she found him against the door with his head in his arms and screaming out. "father," "mother," "God," etc., and saying "they are going to kill me." Previous to that time he had been able to work and was in his usual health. The history seemed to be a rather straightforward one of mental aberration, and perhaps independent of any definite cause. The point of interest was that his left side was one-half an inch larger than the right, the apex-beat of the heart was two inches to the right of the median line, and there were well-marked evidence of effusion into the left pleural cavity. The hypodermic needle was introduced and pus was obtained. The patient, therefore, was suffering from empyema, and he had been taken suddenly with acute mania and without fever. Under the influence of hyoscyamin and morphine he quieted down somewhat and had some sleep, and then Dr. Janeway attempted aspiration. His plan of treatment in such cases is, first, to aspirate the chest, and afterward, if necessary, to make a free incision. This led to the remark that he made it an absolute rule not to give anæsthetics for making an incision into the chest, as he believed it to be a most dangerous practice. In this case he experienced considerable difficulty in introducing the needle, and obtained only about twelve ounces of pus, for the reason that the fluid was so thick that it did not flow through the canula. On examining it microscopilly its thickness was easily explained, and was due to two things: First, the large number of pus-cells; and second, to the presence of little lumps of fibrin, equivalent in size to about six or eight pus-corpuscles. On the next day after the aspiration hydropneumo-thorax developed, and then followed rapidly a septic process. Five days after the operation Dr. Janeway made a free

incision into the chest, and after washing out the cavity with a weak carbolized solution the patient's temperature fell to normal. So far, however, his mental condition had not markedly improved. The time at which his mental condition seemed to be the best was shortly after the occurrence of the pneumo-thorax.

Another interesting point in this case was the inability to say from the history when this process began. It was found, after considerable inquiry, that five years ago he was sick for about nine months, first in the hospital, where he was treated without benefit, and that he was short of breath, etc., and that he was then taken home and soon after spat up very large quantities of matter which gave him a great deal of relief. Dr. Janeway regarded it as possible that that process might have continued up to the present time, and perhaps was the original source of empyema. One circumstance which pointed somewhat in that direction was the fact that the chest did not sink in after the free incision, the heart still remained displaced, and at no time had the pulse been very rapid, nor had the respiration been very hurried. In one case of empyema, much more marked than the one just related, the disease had existed propably for a year and a half before it came under observation, and the heart was displaced to the left. In that case for days there was no elevation of temperature, and yet he removed two hundred and six ounces of pus at three sittings. A little further inquiry made it somewhat apparent that the disease dated as far back as three years. In that instance it it was decided to diminish, if possible the size of the pleural cavity, and he made a free incision. The patient has had no fever except on two occasions during the entire period, and the chest is now on the right side one and a half inch smaller than it was, although it is still about two inches larger than on the left side. There has been no accumulation of pus. In this case there was absence of those phenomena which are supposed to indicate the development of purulent pleurisy, but the symptoms throughout had been rather those of serous effusion. There had been an entire absence of elevation of temperature and sweating.

EXPLORATORY PUNCTURE WITH THE HYPODERMIC NEEDLE.

Dr. Janeway remarked that, recently, German writers had brought forward the use of the hypodermic needle as a new means of making the exploratory puncture in cases of pleuritic effusion. This practice, however, he had followed the last ten or twelve years and it had also been freely adopted by others in this country. He believed that there was no danger in using the hypodermic needle if it was properly cleansed, and his rule was always to wash it thoroughly with warm water, and then with a strong carbolic solution, before introducing it into the chest.

Dr. Gibney asked the Chairman if he attributed the delirium to the presence of pus in the pleural cavity.

The Chairman replied that the empyema had its influence in producing a deterioration of health, and in that way might be regarded as the cause of the delirium, the same as diseases of organs constitute causes of insanity.

Dr. Gibney asked if delirium was not more likely to be an accompaniment of acute processes than of chronic.

The Chairman replied that it occurred very frequently in chronic affections with more or less anæmia.

Dr. Post remarked that delirium is a common symptom in thoracic affections, especially in young children.

The Chairman remarked, that, of course, cerebral abscess, embolism, and meningitis were to be excluded in making up an opinion concerning any given case.

Dr. Putzel asked the Chairman if he had had any pathological experience with regard to the lesions of the mild chronic mania of Bright's disease.

The Chairman replied that there were lesions in these cases, such as peri-arterial thickening, œdema of the brain, and, as a result of the mixed process, there might be more or less anæmia of the brain. These conditions would in part account for the delirium.

Dr. Putzel remarked that he had one case in which there was chronic mania lasting several months, and at the autopsy nothing whatever could be found to explain it.

Dr. Post remarked, with reference to cleansing the hypodermic needle, that the method recommended by Dr. Squibb was a most efficient one, namely, to pass it through the flame of a spirit lamp or Bunsen burner.

SELECTIONS.

THE CAUSATION OF PAIN IN THE LEFT SIDE.

At a recent meeting of the Academy of Medicine, in Ireland, Dr. Beatty read a paper on this subject, drawing special attention to a form not sufficiently recognized, which was due to fecal accumulation, and removed by getting rid of the accumulation. The pain was felt over the lower few ribs on the left side, was associated with extreme tenderness on pressure upward of the tenth or eleventh rib, scarcely any pain being felt on pressure of these ribs downward, and was relieved when the side was pressed inward with the flat of the hand. He explained its occurrence

by the drag of a loaded colon on the pleuro-colic ligament, this constant drag setting up a state of extreme irritability in the nerves of that ligament, so that a painful impression was carried upward along the left lesser splanchnic nerve to the spinal cord, and was transferred, by the law of irradiation of sensations, to the tenth and eleventh intercostal nerves. In the discussion which followed, Dr. Smith said the pleuro-colic fold had not received the attention it deserved. It certainly was of considerable importance in the investigation of abdominal disease. Dr. Beatty's arguments were valid as explaining certain kinds of left-side pain, but did not explain all kinds. Dr. Beatty replied that he did not wish it to be understood that he considered left-side pain was caused in every instance by fecal accumulation, but only in cases presenting the symptoms he had mentioned.—*British Medical Journal.*

REMEDIES FOR HEADACHE.

The following recipes and suggestions for the treatment of different forms of headache are collected from a variety of trustworthy sources:

Two grains citrate of caffeine, in capsule, taken every half hour, is a very effectual remedy in nervous and sick headache. One or two doses are often sufficient to give complete relief. The only objections to its use is sleeplessnes, which sometimes result if it is taken in the evening. It is preferable to guarana as being hardly ever rejected by the stomach.

The following according to Dr. W. W. Carpenter, is very effectually in most forms of headache:

Muriate of ammonia, 3 drachms; acetate of morphia, 1 grain; citrate of caffeine, 30 grains; aromatic spirits of ammonia, 1 drachm; elixir of guarana, 4 ounces; rose water, 4 ounces. Mix. Dessert spoonful every ten or twelve minutes.

In nervous headache Dr. W. A. Hammond states the value of various drugs as follows:

Oxide of zinc is of great value. Ordinary dose, 2 grains, three times a day, after meals; maximum dose, 5 grains. It is best given in form of pills.

Nux vomica is preferable to strychnia. The dose is 1-4 grain, after meals. If the patient be chlorotic, it is well to combine a grain of reduced iron and half a grain of sulphate of quinine.

Bismuth, in the form of subcarbonate, will often take the place of oxide of zinc. Dose, 2 grains, after each meal. Bismuth probably aids digestion more than any mineral tonic, and is of use when there is gastric disturbance.

The bromines are serviceable when the nervous system has been irritated; when it is exhausted they do harm.

Phosphorus is very useful, in most forms of nervous headache. The best results are obtained from dilute phosphoric acid, in in doses of thirty drops, largely diluted, three times a day, after eating, or phosphide of zinc, 1-10 grain, in pill, three times a day.

Arsenic as a nerve tonic, stands next in value to zinc. Dose, 5 drops of Fowler's solution three times a day, after meals.

Galvanism is sometimes valuable, but by no means a specific. The constant current should always be used, being careful to avold too great intensity, lest amaurosis be produced.

Dr. T. Lauder Brunton, editor of the London Practitioner, says: The administration of a brisk purgative, or small doses of Epsom salts, three times a day, is a most effectual remedy for frontal headache when associated with constipation; but if the bowels be regular, the morbid processes on which it depends seems to be checked, and the headache removed even more effectually by nitro-muriatic acid, diluted 10 drops in a wine glass of water, or bicarb, soda, 10 grains in water, before meals. If the headache be immediately above the eyebrows, the acid is best; but if it be a little higher up, just where the hair begins, the soda appears to be the most effectual. At the same time the headache is removed, the feeling of sleepiness and weariness, which frequently leads the patients to complain that they rise up more tired than they lie down, generally disappears.

A writer to the London Lancet remarks: At the Middlesex Hospital female patients who have suffered many years from sick headache, evidently of a hereditary character, have been greatly benefited, if not cured, by the administration of 10 minim doses of tincture of Indian hemp, three times daily before the attack. This is well worthy of trial in those cases of ever-living, never-dying martyrdom-like suffering.—*Hospital Gazette.*

HOT WATER IN THERAPEUTICS.

(Abstract of a paper read by Dr. Douglas Morton, Visiting Surgeon to Woman's Department, Louisville City Hospital, before the Louisville Medico-Chirurgical Society, August, 4th, 1882).

"Several years ago I learned in my personal experience that no agent relieves nausea and vomiting so satisfactorily and promptly as water as hot as can be drunk. Since then, I have used it in a large number of cases, and it has been uniformly reliable. The following classification may be made of the cases in which it has been used:

(1.) Cases in which nausea and vomiting occurred at the outset or during the course of acute febrile disease.

(2.) Cases in which these symptoms were caused by overloading the stomach when its functions had been impaired by protracted disease.

(3.) Cases in which they were produced by nauseous medicines (not emetics) at the time they were taken.

(4.) Cases of acute gastritis caused by the ingestion of irritants.

(5.) Cases in which these symptoms were purely reflex.

(6.) Cases of chronic gastritis.

(7.) Cases of colic in newly-born infants.

(8.) Cases of flatulent distention of the stomach.

Among the cases of class 1 was a case of diphtheria and one of puerperal septicæmia, as well as one of tuberculosis, in which the stress of the disease fell upon the digestive apparatus. In each of these a half-glass of hot water always gave prompt relief when every other remedy failed. The most impressive and permanent results of this remedy seem to be in cholera infantum—hot water being retained when everything else was rejected; and it would so compose the stomach that food could be be given almost immediately afterward.

The nauseant medicines mentioned in 3, are often retained if given in hot water as a vehicle. When an enormous quantity of whiskey has been drunk, and the stomach will not tolerate anything else, hot water will be retained, and then food can be given.

Hot water is less satisfactory in vomiting of pregnancy, yet it is of considerable value in many cases.

In the various manifestations of indigestion—clased 6, 7 and 8—hot water is almost invariably followed by good results. In dyspepsia it may be given before each meal, as well as at other times, to cause the dicharge of any undue amount of gas in the stomach by eructation. In this way it affords relief to young infants suffering from colic, and it is rarely necessary to prescribe anything else. It has been used successfully in a case of severe palpitation of the heart from dyspepsia.

The *decongestive* and hæmostatic action of hot water have been variously accounted for by by gynæcologists. Dr. Pitcher, of Detroit, thought that when applied to a bleeding vessel, the immediate effect is dilatation, which sufficiently slows the current to form a clot; and constriction occurring afterwards, the clot is firmly held and the lumen of the vessel closed.

Dr. Emmet says that the direct result is relaxation of the coat and vascular turgescense; afterwards, it continued, reaction follows and contraction occurs.

Carl Richter, of Berlin, thinks "the contact of the hot water with the partially denuded inner wall of the uterus causes a slight

inflammatory irritation, an œdematous transudation and a swelling of the tissues, principally the submucous, intermuscular, and perivascular connective tissue, by which the blood-vessels become compressed and their lumina thereby occluded."

The action of hot water upon the uterine or gastric mucous membrane or upon abnormally full or bleeding vessels in any part of the body, may be readily and simply explained by a well-known physiological principle; viz, that of watching a frog's foot while a needle is drawn across without injuring the membrane. The vessels will presently contract and close, and after remaining so for a few minutes, will dilate to respond no more, or only partially, to such stimulus. With a stronger stimulus, as that of gentle heat, they will again contract, and such contraction may be lost a day or two.

Wharton Jones found that cold causes speedy constriction, quickly followed by dilatation.

Beaumont, in his observations on St. Martin, found that the ingestion of cold water was followed by blanching of the gastric mucous membrane, quickly followed by more than normal redness. Now from whatever cause nausea and vomiting may arise —from the direct contact of an irritant, or the effect of an emetic, or reflex nervous influences, it is certain in many instances, and probable in all others, that the vasor-motor centres controlling the gastric blood supply are also influenced and gastric hyperæmia produced; and this condition being the link in the casual chain which is broken by the contact of the hot water on the gastric lining, the effect fails to follow. In flatulent distention of the stomach the muscular coat, impeded by the gaseous pressure, is excited to extraordinary work, and the gas is expelled. Patients who begin taking hot water to allay nausea, cannot only take large quantities without inconvenience, but get to liking it; and at times, when little or no water can be taken, by drinking it hot, enough can be retained to fully meet the requirements of the organism. This fact has an important bearing in therapeutics. Often in both acute and chronic diseases, the issue depends solely on the amount of work that the kidneys will do. In many diseases, the structure of these organs, though not primarily affected by the morbid process, is liable to damage secondarily. The injury may be due rather to the concentration of the urine—the small amount of water—than to the absolute amount of solids; so that the kidneys become clogged with destructive, effete matter if sufficient water fails to flow through them. But dilution of the urine is not the only good resulting from the free drinking of water. The skin is put to work and carries off a large portion of the effete matter that would otherwise have to pass through the kidneys.—*Louisville Medical News.*

MILK VS. ALCOHOL IN THE TREATMENT OF INSANITY.

"The greater my experience becomes," writes Dr. Clauston in the Annual Report of the Royal Edinburgh Asylum for the Insane, "I tend more to substitute milk for stimulants. I do not under-value the latter in suitable cases; but in very acute cases, both of depression and maniacal exaltation, where the disordered working of the brain tends rapidly to exhaust the strength, I rely more and more on milk and eggs made into liquid custards. One such case this year got eight pints of milk and sixteen eggs every day for three months, and under this treatment recovered. I question whether he would have done so under any other. He was almost dead on admission, acutely delirious, absolutely sleepless, and very nearly pulseless. It was a hand-to-hand fight between the acute disease in his brain and his general vitality. If his stomach could not have digested and his body assimilated enough suitable nourishment, or if he could not have been taken out freely into the open air, he must have died. But to-day he is fulfilling the duties of his position as well as he ever did in his life. All acute mental diseases, like most nervous diseases, tend to thinness of body; and therefore all foods and all medicines and all treatments that fatten are good. To my assistants and nurses and patients I preach the gospel of fatness as the great antidote to the exhausting tendencies of the disease we have to treat; and it would be well if all people of nervous constitution would obey this gospel."—*Practitioner.*

PRURITUS OF ANUS.

In the course of a lecture on diseases of the lower bowel, by Mr. Edward Hamilton (Dublin Journal), the treatment of Pruritus of the Anus is spoken of as follows:

Almost every morbid condition of the rectum may be followed by this intense itching, and until its lining membrane is brought into a healthy state local treatment must be wholly ineffectual. It may be caused by mere errors of diet—spiced food especially containing capsicum, game in a high state of decomposition, and various kinds of shell-fish. I have seen some very obstinate cases which were the result of gout, and I have known it to be produced by prolonged sitting on an office stool covered with American cloth—at least there was no other way of accounting for it—and changing the seat was followed by quick subsidence of the symptoms. In children it usually indicates ascarides in the rectum, and in the female it may indicate uterine disorder.

Having removed the cause we usually find the distressing symptoms rapidly disappear. This may be aided by various local applications—lead lotion, milk of bitter almonds, infusion of tobacco; hydrocyanic acid, one dram in lime water, eight ounces; ice-cold water, or the warm bath in the more obstinate cases; tar ointment, or the ointments of the metals—lead, zinc, and nitrate of mercury, in equal parts. You have to bear in mind a number of such remedies, as you are obliged constantly to vary your treatment, and what you find successful in one case will fail you in the next you have to treat. When the disease has become chronic the irritation and friction will give rise to a thickened and fissured condition of the verge of the anus which will demand active treatment, such as the application every second day of a ten-grain solution of nitrate of silver. In order to be accurate you must not confound two distinct conditions which may occur here—*pruritus* and *prurigo*. The first is not essentially a disease of the skin, but a morbid condition of innervation, and any appearance of eruption is caused by the mechanical friction. In prurigo there is from the first an eruption of papillæ, accompanied by smarting and itching. The treatment is pretty much the same, but prurigo is a local disease. Pruritus is the local manifestation of remote disease.—*Practitioner.*

SULPHUROUS ACID, ETC., IN SCARLATINA MALIGNA.

Dr. K. N. McDonald furnishes a paper on this subject to the Edinburgh Medical Journal, from which we extract the following:

To be successful in most cases of scarlatina maligna the treatment must not only be promptly and vigorously, but also intelligently applied, and that when so carried out the worst cases need not be despaired of. In order, however, to attain this end, it is nesessary for the medical practitioner to enter minutely into details in giving his instructions, and to see that they are carried out to the letter as far as practicable.

The moment the throat begins to become affected, I administer to a child of five or six years of age ten minims of the sulphurous acid with a small quantity of glycerine in water every two hours, and I direct the sulphurous-acid spray (strength, two to four drams to the ounce of water, according to circumstances) to be applied every three hours to the fauces, about twenty squeezes, and when that can't be done, to hold the instrument about six inches from the mouth and use it for a few minutes at a time. The acid solution must be recently prepared, as when it is kept for some time in water it takes up an atom of oxygen and becomes

sulphuric acid. It is of some importance to bear this in mind, as the efficiency of the acid treatment depends entirely upon its composition.

At the same time I administer a mixture containing from three to five grains of chlorate of potash with seven to ten minims of the tinct. ferri perchlor. in glycerine and water, more or less according to age, every four hours. I further direct a strong solution of permanganate of potash (two drams or more to six ounces of water) to be held in readiness for laving the lips and mouth several times in the day to arrest the formation of the dark sordes which collect about these parts, some of which would be swallowed, if possible, each time the lotion is applied, gargling being out of the question in young children.

Sulphur should also be burned in the sick-chamber three times a day at least, by placing flour of sulphur upon red-hot cinders on a shovel, and walking about the room with it, thus diffusing the sulphurous-acid vapor through the apartment, until the atmosphere becomes a little unpleasant to breathe.

In cases of an adynamic type, when medicine can't be swallowed, the spray and sulphurous-acid vapor must be entirely relied upon. It is only in the very worst cases that I employ all the above remedies; for, as a rule, the sulphurous acid alone is quite sufficient to combat most cases of scarlatina anginosa, but when there are white patches at the back of the throat I invariably administer steel and chlorate of potash as well, and both patients and their friends have frequently remarked to me, under such circumstances, that an improvement took place after the first dose of the medicine had been swallowed.

Of course, while vaunting the above remedies so highly, I do not forget that other details have to be attended to, such as the importance of fresh air and its free circulation, when that can be attained, the constant presence of disinfectants in the room, such as carbolic acid, chloride of lime, Condy's fluid, etc., the proper disposal of all discharges, the burning of rags containing sputum, etc.

THE ANÆSTHETIC AND DIURETIC ACTION OF THE STIGMATA OF MAIZE.

(By Dr. Ducasse, *Le Progres Medical*, December 16, 1882.) Attention was first called to the article in question in 1879, but Dr. Ducasse thinks its properties have not been fully appreciated by the profession. He claims that no other agent is so useful in quieting the pains of chronic cystitis and nephritic colic. In the latter affection, when morphia does not relieve the pain entirely,

the stigmata of maize will be found of great service. By increasing the flow of water, also, it tends to wash out the offending gravel, and thus help to give complete relief. In acute cystitis it does no good; but in the chronic form it is highly serviceable.

As to its diuretic action, which has frequently been denied, M. Ducasse subscribes to the conclusion of M. Landrieux, viz.:

1. Not only do the different preparations of the stigmata of maize modify favorably the secretions of the urinary organs, but they unquestionably have a diuretic effect.

2. The diuresis is obtained quite rapidly, and in the course of three or four hours the augmentation is considerable.

3. The effects are not only observable in affections of the urinary organs, but also in disturbances of the circulatory apparatus.

4. The pulse is made regular; the tension in the arteries is increased, while that in the veins is diminished.

5. The remedy exerts no action on the nervous or digestive systems.

6. The medicine can be administered for a long time without inconvenience.

MILK.

Milk is a food that should not be taken in copious draughts like beer, or other fluids, which differ from it chemically. If we consider the use of milk in infancy, the physiological ingestion, that is, of it, we find that the sucking babe inbibes, little by little, the natural food provided for it. Each small mouthfull is secured by effort, and slowly presented to the gastric mucous surface for the primal digestive stages. It is thus regularly and gradually reduced to curd, and the stomach is not oppressed with a lump of half-coagulated milk. The same principle should be regarded in the case of the adult. Milk should be slowly taken in mouthfulls, at short intervals, and thus it is rightly dealt with by the gastric juice. If milk be taken after other food, it is almost sure to burden the stomach, and to cause discomfort and prolonged indigestion, and this, for the obvious reason that there is insufficient digestive agency to dispose of it. And, the better the quality of the milk, the more severe the discomfort will be under these conditions.

Milk is insufficiently used in making simple puddings of such farinaceous foods as rice, tapioca and sago. Distaste for these is engendered very often, I believe, because the milk is stinted in making them, or poor, skimmed milk is used. Abundance of new milk should be employed, and more milk or cream,

should be added when they are taken. In Scottish households this matter is well understood and a distinct pudding-plate, like a small soup-plate, is used for this course. The dry messes commonly served as milky puddings in England are exactly fitted to create disgust for what should be a most excellent and delicious part or a wholesome dinner for both children and adults.—Dr. Dyce Duckworth, *in Popular Science Monthly.*

SUMMER SOURS.

Physiological research has fully established the fact that acids promote the separation of the bile from the system, thus preventing fevers, the prevailing diseases of the summer. All fevers are "bilious," that is, the bile is in the blood. Whatever is antagonistic of fever is cooling. It is a common saying that fruits are "cooling," and also berries of every description; it is because the acidity which they contain aids in separating the bile from the blood, that is, aids in purifying the blood. Hence the great yearning for greens and lettuce and salads in the early spring, these being eaten with vinegar; hence the taste for something sour, for lemonades, in an attack of fever.

But this being the case, it is easy to see that we nullify the good effects of fruits and berries, in proportion as we eat them with sugar, or even sweet milk or cream. If we eat them in their natural state, fresh, ripe, perfect, it is almost impossible to eat too many, to eat enough to hurt us, especially if we eat them alone, not taking any liquid with them whatever. Hence also is buttermilk, or even common sour milk promotive to health in summer time. Sweet milk tends to biliousness in sedentary persons; sour milk is antagonistic. The Greeks and Turks are passionately fond of sour milk. The shepherds use rennet, and the milk-dealers alum to make it sour the sooner. Butter-milk acts like watermelons on the system.—*Home Health.*

NIGHT AIR.

Before we can hope to fight consumption with any chance of success, we have to get rid of the *night-air superstition.* Like the dread of cold water, raw fruit, etc., it is founded on mistrust of our instincts. It is probably the most prolific single cause of impaired health, even among the civilized nations of our enlighted age, though its absurdity rivals the grossest delusions of the witchcraft era. The subjection of holy reason to hearsays could hardly go further. "Beware of the night-wind; be sure and close your windows after dark!" In other words beware of God's

free air; be sure and infect your lungs with the stagnant, azotized and offensive air of your bed-room. In other words, beware of the rock spring; stick to sewage. Is night air injurious? Since the date of creation, that air has been breathed with impunity by millions of different animals—tender, delicate creatures, some of them—fawns, lambs, and young birds. The moist night air of the tropical forests is breathed with impunity by our next relatives, the anthropoid apes—the same apes that soon perish with consumption in the close though generally well-warmed atmosphere of our northern menageries. Thousands of soldiers, hunters, and lumbermen sleep every night in tents and open sheds without the least injurious consequences; men in the last stage of consumption have recovered by adopting a semi-savage mode of life, aud camping out-doors in all but the stormiest nights. Is it the draught you fear, or the contrast of temperature? Blacksmiths and railroad conductors seem to thrive under such influences. Draught? Have you never seen boys skating in the teeth of a snow-storm at the rate of fifteen miles an hour? "They counteract the effect of the cold air by vigorous exercise." Is there no other way of keeping warm? Does the north wind damage the fine lady sitting motionless in her sleigh, or the helmsman of a storm-tossed vessel? It cannot be the *inclemency* of the open air, for, even in sweltering summer nights, the sweet south wind, blessed by all creatures that draw the breath of life, brings no relief to the victim of aerophobia. There is no doubt that families who have freed themselves from the curse of that superstition can live out-and-out healthier in the heart of a great city than its slaves on the airiest highland of the southern Apennines.—*Popular Science Monthly.*

VOMITING OF PREGNANCY.

Professor Horwitz, of St. Petersburg, has recently issued a monograph on this subject, which has received a lengthy notice in the Medical Press and Circular, from which we take the following remarks on treatment: The legion of drugs recommended is the best proof of their worthlessness—alkalies, alkaline waters, bismuth, laudanum, cerii oxalas, sinapisms, blisters, chloroform or ether spray over epigastrium and back, ice-pills, iodide of potassium, bromide of potassium, nitrate of silver, electricity, etc. Besides this, they can only be employed in the early stages of the affection. Professor Horwitz recommends absolute rest in the horizontal posture, and in a darkened room; the diet to be nourishing and carefully regulated. Nutrient enemata are counseled under the following regulations:

1. One or two hours before their employment the colon should be washed out with warm watter.

2. Only small quantities should be injected at once (about three ounces at a time).

3. Frequent repetitions of them should be avoided, in order that irritation may not be set up.

4. In case of great prostration, two or three spoonfuls of good wine (sherry or port) should be added.

5. In those cases in which enemata are not retained, a few drops of tincture of opium should be added.

He considers the "gynecological" treatment as of great importance. Should there be imflammation, depletion will be useful. Scarification is recommended rather than leeches. Nitrate of silver to the portio vaginalis he does not consider very useful, and on this point he differs from Prof. C. Braun, of Vienna. Mayer's method of repression, by means of laminaria, he recommends. He has twice employed Copeman's method without effect. He looks upon artificial abortion as the only resort in some cases, and speaks of it as follows: In a case of uncontrollable vomiting, in which all means of treatment have been employed in vain, while the disease grows gradually worse and threatens the life of the patient, then the only "chance" of saving her is the interruption of the pregnancy, *i. e.*, artificial abortion must be induced; and, indeed, naturally, in view of the clinical symptoms, and of the height of the danger, the timelier this is done the more rational is the doing of it. Artificial abortion is thus carried out: After preparation of the genital organs by the carbolized injections and dilatation of the cervix, he separates the ovum from the uterine walls by means of the uterine sound. He only ruptures the membranes when the process of abortion is delayed. In eight cases in which he has practiced this method he has never seen portions of the placenta retained, while the loss of blood has been but slight, in fact, less than in spontaneous abortion. Transfusion he looks upon as an open question.—*Med. and Surg. Reporter*, January, 1883.

INTRA-UTERINE FRACTURE.

From the rarity of cases recorded in the medical journals, and from the somewhat scanty notice given in some of our text-books to the subject of intra-uterine fracture, I thought that this case might be of interest to some of your readers. E. T——, the mother of ten healthy children, was about the 25th of August, 1882, in the seventh month of pregnancy, when her foot caught against a broken piece of toy, and she fell down five steps. She

incurred no injury, but was very much frightened. On the 25th of the following October, after a natural labour, she gave birth to a small and delicate child—a boy. Soon after birth the child's right clavicle was seen to be very much deformed. The acromial end forms with the rest of the bone a figure something like a V, with the open end pointing forwards. The whole bone is one piece, and feels quite firm. There is free movement in the shoulder-joint.

My explanation of the case is this: That the child's clavicle was fractured about half an inch internal to its acromial extremity at the time of the mother's accident, and that it united, though in an abnormal position, during the remaining two months of the child's intra-utertne life.—Dr. Williams, *in Lancet.*

REVIVIFICATION.

Dr. S. Waterman, New York, writes the *Medical Record* as follows:

There is no doubt in my mind that in many cases of sudden death, especially from heart disease, prompt and persistent efforts to reanimate the apparently dead person may result in restoring life. It is probable that in many instances the heart's action may fail from transient causes; a dangerous syncope may supervene, and unless timely efforts are made, and proper measures are promptly resorted to, the person may pass from a state of suspension of vitality into the silent and lasting embrace of death.

A case in point happened to me in the month of February, 1880. Mr. B——, a gentleman of sound constitution, about six feet in height, springing from a healthy ancestry, aged eighty-four years, had an attack of senile gangrene in the inguinal region, two inches and a half in length, and one inch wide. The slough was in time thrown off, and healthy granulation filled the wound. A second attack subsequently, not quite so severe, destroyed a part of the integument in the umbilical region. Its cause and final cure was similar to the first attack. The third attack was in the great toe of the left foot. The entire toe perished, but a line of demarcation formed, the destructive process went no farther, healthy granulation formed, and the healing process progressed in the most healthy and satisfactory manner. Mr. B—— suffered in addition from valvular disease of the heart, and likewise from Bright's disease (granular degeneration), probably in consequence of retarded circulation and diminished blood-pressure. One morning while I was sitting at his bedside, and in friendly conversation with him, he being to all appearance in a very happy mood of mind, he suddenly fell back, his eyes

became fixed and glassy, a deadly pallor crept over his countenance, respiration and the heart's action ceased simultaneously, and death seemed to have carried him off suddenly and unexpectedly.

It was this suddenness of the event that impelled me to make efforts at revivification. Two nephews of Mr. B——, who were fortunately in the house, were brought under requisition, and under my direction systematic artificial movements were carried on for nearly thirty minutes. Then, to my unspeakable satisfaction one deep inspiratory effort was made by the patient himself. Thus encouraged, we redoubled our efforts for ten minutes more; other inspiratory efforts followed in quicker succession, the heart began to respond, hardly audible at first, it required force and momentum; it could now be felt at the wrist; the deadly pallor passed away, the eyes lost their glassy, fixed aspect, sighs and groans could be heard, twitchings of muscles of arm and fingers could be distinctly felt, and rigidity of death made way for reanimated conditions.

He lay unconscious for more than ten hours, respiration being hurried, and breathing stertorous, the heart's action wild and irregular. During the night he was delirious and restless. Toward morning all untoward symptoms subsided, and a quiet sleep followed the extreme restlessness.

When I saw him next morning he sat up in his bed and partook of a good breakfast. Consciousness had returned, and all the life functions were in full operation. He died six weeks afterward under symptoms of uræmic toxication. During these six weeks, up to the hour of his death, he had several other attacks—one very prolonged and almost fatal—during which my son, M. W. Waterman, attended. Artificial respiration was resorted to with the same success.

Case II.—Mr. E—— called upon me during the winter of 18—, to obtain a death-certificate for a still-born child of seven months' gestation. I expressed a desire to see the child, and promised to visit him during the day. A mid-wife had assisted during the delivery. It was a cold stormy day and 1 P. M. before I arrived at Mr. E——'s house. He lived in a low basement. Mr. E—— was a Hebrew, and according to Hebrew rites, the child had been laid upon a little straw upon the ground, and covered with a light black shawl. It had thus been lying since 5 A. M. As I was examining the child, I could detect some slight twitching movement over the region of the heart. I watched attentively, and I observed the movement again. I had the child removed from the ground and placed upon a pillow on the table. The child was as cold as ice but not rigid. I could detect no

heart's-sound, nor any respiratory murmur, but the muscular twitchings were very evident. I immersed the child in a hot bath, and initiated artificial respiration. Twenty minutes passed in this seemingly hopeless work. Then the child opened its eyes. A little more work and respiration began, laborious and interrupted at first, more normal by degrees. The heart's action came up in good style, and a human life was saved! The child thus saved is now one of the most accomplished violinists in this city.

The preceding cases are well calculated to rouse our most serious attention. How often has it been within reach of the physician thus to save life if but strict and critical performance of duty had been attended to! How often are certificates of death written out without first scrutinizing the body, and ascertaining, by all means at our command, whether death has really claimed its victim irrevocably! Mr. B——'s case, especially, offers much encouragement to try revivification in sudden deaths, especially in heart disease. One case thus given back to life and light forms a recollection bright and pleasant upon the thorny path of a physician's life.

THE CURE OF HÆMORRHOIDS BY CARBOLIC ACID INJECTIONS.

At a recent discussion at the New York Clinical Society on the Treatment of Hæmorrhoids, Dr. C. B. Kelsey referred to his experience with injections of carbolic acid. He uses a solution of one part of pure carbolic acid in six and a half parts each of water and glycerine, and of this he injects about five drops into each hæmorrhoidal tumour. For the operation no anæsthetic is required, and the subsequent pain is said to be very slight. In one case in which he used a solution of double strength each pile sloughed, and in another case, treated by one of his colleagues, Dr. Kelsey saw extensive ulceration caused, but this he attributes to want of skill in the manipulation. He has usually repeated the injection at an interval of about a week, so as to see the full effect of each injection before making another, and in this way the treatment may extend over months, but as it is painless and does not necessitate rest or even abandonment of ordinary work, this is not a serious objection to the plan in many cases. This method of treatment, when carefully carried out, appears then to be safe, efficient, nearly, if not quite, painless, and not requiring rest or special nursing. It may be useful, therefore where for any reason the ligature or clamp operation cannot be performed, and especially where it is important not to lay the patient up during treatment.—*Laneet.*

EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

MEDICAL MILLS IN MASSACHUSETTS.

At a recent meeting of the District Eclectic Medical Society, an institution which had recently opened its doors in this city, known as the College of Therapeutics, was alluded to. Inquiry has been made as to whether this institution is in any way associated with the Massachusetts Eclectic Medical Society or the eclectic school, as has been represented. We are in a position to know that no action whatever has been taken in the matter by this society or any of its auxiliaries save the district, nor will any action be taken, except to repudiate all responsibility for it. At the district meeting alluded to, it was the unanimous voice that the society disclaimed all responsibility for, or connection with it. If we are rightly informed this institution was organized under the general statutes of Massachusetts and in face of the recent decision of the Assistant Attorney-General that institutions thus incorporated had no power to confer diplomas. It is very certain that the eclectics representing the Massachusetts Eclectic Medical Society have no relation to, nor sympathy with, movements of that sort.

ECLECTICISM IN MICHIGAN.

We are informed that a bill to establish a department of eclectic medicine in the University of Michigan, has been introduced in the legislature of that state. Should it pass, the unique spectacle would be presented, of the three systems of medicine—allopathic, homœopathic and eclectic—being taught in one and the same institution.

A GENTLE REMINDER.

Those of our readers who have not yet remitted their subscription, are requested to do so at once. We know by experience that in the hurry and press of a professional life, such

matters are apt, unintentionally, to be overlooked or neglected. Printers are proverbally, you know, men of modest means, and while each subscription is small, the aggregate is important. We are persuaded by past experience that this reminder is all that is needed. This much in the interest of the publisher.

With the current issue we complete our first year in the editorial chair. With what measure of success we have labored, we leave our readers to judge, but from the many kind words spoken, and letters of appreciation received, we feel that our efforts have not been altogether in vain. Our circulation has very largely increased, and the outlook is in every respect very encouraging.

We expect the JOURNAL of the coming year to be a decided improvement on that of the past; certainly all our energies will be bent in that direction. We have secured the co-operation of many able writers, who will become regular contributors. Each reader is also invited to contribute to our pages, short practical articles, bits of experience, etc., being always in request.

DEATH OF DR. BARROWS.

As we go to press we learn with sincere regret of the decease of Dr. H. G. Barrows, formerly an associate editor of this journal. He had recently removed to Shirley, in this State, we understand, where his death occurred, the remains being brought to this city for burial. These are briefly the facts as we have them at this writing. An obituary will appear later when the details in full are at our command.

THE HOLMES SYMPOSIUM.

ON the evening of the 12th of April, the medical profession of the city of New York, made a banquet in honor of its distinguished guest, Dr. Oliver Wendell Holmes. It was a *recherche* affair, and attended by some renowned men from the legal and clerical professions, but the convocation was prominently medical. According to authentic accounts the "diet" of the occasion was delicate enough for convalescents; and the "stimulants" would banish *real* pain. Champagne was served, *a la Yorick*, in skulls

made of white wax: and the entire *programme* was emphatically æsthetic. The "toasts" were "select" and eminently classical; and the "responses" might be denominated *elegante*. There was a combination of "Art and Song" that must have been enchanting.

Dr. A. H. Smith welcomed the "doctor-part" with a creditable poem, in which was a pleasant reference to the famous "One Hoss-Shay" that so mysteriously hung together till it went all to pieces—became cosmic dust. He concluded as follows:

"And now, for I really must come to an end,
May the fate of the chaise be the fate of our friend.
May he never break down, and never wear out,
But a century old, or thereabout;
Not feeling the weight of the years as they fly,
Simply stop living when when ready to die."

After receiving three cheers and a "tiger," Dr. O. W. Holmes arose, and replied in verse. He was not as young, yet just as witty, as when he wrote "September Gale," and "The Height of the Ridiculous," in which, and since which, he says: "I never dare to write as funny as I can."

Holmes is a humorist and a satirist—and he has always carried choice arrows in his quiver to let fly at the follies of medicine. In prose and rhyme he has ridiculed medical asininities. The use of the "stethoscope," was his first attempt to travesty pretension; and it is to be hoped he has not made his last effort in that direction.

It will always remain a marvel how one man can do so much, and do all things well. It is easy to lecture on anatomy after two or three "courses" have been delivered; yet it takes time, and is an exercise not altogether agreeable. To inhale the effluvia of a thousand cadavers is immensely devitalizing.

Holmes was a microscopist of acknowledged accomplishments: and spent much time in the investigation of "things unseen." His address on the subject of microscopy is intensely interesting, and as deeply instructive. The learner cannot afford to do without the information there imparted.

Then, who can write more charming fiction than the author of Elsie Vennor? Who has combined more of Nature and philoso-

phy in a short poem than the composer of "*The Chambered Nautilus*"?

As an "after dinner speaker" Holmes had no superiors and few equals; and while speaking he did not give utterance to a flood of nonsense, to be laughed at and quickly forgotten, but, in a unique manner, his tongue let slip the soundest maxims and the prettiest rhetorical flourishes.

Take him all in all, Holmes has had no equal in the passing century; and it does not seem, in an analysis of the character under consideration, that such a varied and happy combination of talents is likely, "by the doctrine of chances," to occur again in this or its succeeding generation. May he live long to enjoy his well earned laurels.

H.

METASTASES.

The recession of mumps from the parotids to the testes has been called metastasis; and so the disappearance of an eruption and a following convulsive action has been named also. But, in writing under the above heading, I have in mind other groups of pathological phenomena which seem so intimately related that when one set retires another appears; as gout is apt to be followed by an attack of acute rheumatism; and the latter by an onset of eczema, albuminuria, carbuncle, or sciatica. There need be but a change of diet or locality, and up comes a different display of morbid phases. A meal of lobster has driven forth a critical eruption; and a drink of mineral water has often cured a violent headache. At the period of physiological decline in the reproductive organs of the female, the mammæ and uterus have been invaded by cancer. It is certain that fissure of the anus is a display of eczema; and quite probable that carcinoma uteri is metastatic recession of tetter from the vulva. Eczematous (scaly) spots on the face degenerate into lupus or rodent ulcer. Malignant nodule on the lower lip of smokers is an eczematous manifestation. The cancer (scrotal) of chimney sweeps is nothing more nor less than aggravated eczema.

That gout depends upon disorder of the stomach or kidneys, or of both, is well known. Unelaborated urea finds the joints

and produces arthritis, or poisons some of the plexuses of the splanchnic system of nerves, and establishes visceral disorders of various kinds.

The average physician is very careless in the use of terms;—he will talk wisely about impurities of the blood as if he had seen impurity and driven it out with medicine. Can he not comprehend that in every well digested meal there are set free poisons which have to be eliminated by the kidneys and other depurating organs? Every vital action evolves a blood poison that has to be neutralized or excreted. Possibly an acid in the blood may be reached by an alkaline draught, yet physiological activities do not consist in chemical transpositions. If we would see the origin of disease we must look to function which resides in some department of the nervous system; and if we would be successful practitioners we must seek remedies that impress particular nerves, or special groups of nerves, as belladonna does the vagus and its associates. In therapeutics there is too much written in regard to *stimulants* and *sedatives;* and not enough attention is given to *correctives* which may neither excite nor depress, but tend to a physiological standard. If there be renal disorder, the average mind flies to diuretics, never dreaming that such agents may damage the case. We must get over the idea that the kidneys are waste-gates, filters, or strainers, to wash away azote and other poisonous products, when in fact the renal glands "assimilate" or reconstruct what they take from the blood. The renal "excretions" of birds and reptiles are of the consistence of cream; and evidently not strained or filtered through the kidneys,—they are true secretions, and *elaborated* as are the products of other glands. The water in normal urine is a mere diluent—a solvent for urea and the urates. The ordinary diuretic increases the quantity of the urinary flow, but does not necessarily augment the "secretion" or "excretion" of uric acid and other nitrogenous substances. Before there is induration and nodulation of the galactiferous ducts in epithelioma and carcinoma of the mammary glands, there has been eczema of the nipple whether the latter has been obscured or not; and in the majority of instances the deposit of crystals of uric acid in the follicles of the areola is provocative of the tetter.

In many disordered states of the body the cause of the distinctive phenomena manifested in "symptoms," is not apparent, but masked, hence so frequently a faulty administration of drugs. When we recognize the metastases of pathogenic action, we shall have followed symptoms to *causes*, and be well on the road to *cures*. Instead of employing a multitude of remedies we shall know a few that exert unmistakable action upon the centres of vital supplies,—we shall direct our thoughts oftener to the elimination of toxic agencies introdnced as food and necessarily evolved in the processes of living—functionating. Auto-poisoning is a common source of disease; and toxic agents of an organic nature ought to be depurated by eliminating glands. The convulsive action of puerperal eclampsia depends upon uræmia, and not upon irritable cerebro-spinal centres.

H.

THE INHALATION OF CHLOROFORM.

The ordinary method of administering chloroform is to pour a teaspoonful or so of the fluid on the centre of a folded linen or silk handkerchief, and then hold it near the patient's mouth and nose. A renewal of the anæsthetic is to be poured upon the absorbing fabric every four or five minutes, and every three minutes towards the last stage. At first the recipient coughs and chokes, the heart and lungs not acting harmoniously. During this state or stage of administration the anæsthetic is not to be pressed, but should be given slowly and cautiously. It is useless to feel the pulse; but the respiration is to be watched. A temporary suspension of breathing is a startling sign to withdraw the anæsthetic, and to slap the thorax heavily on one side then on the other, quickly turning the body to facilitate breathing and vomiting, the face being downward. As soon as respiration is observed the inhalation of the anæsthetic is to be immediately resumed, and the operation conducted just as if nothing unusual had happened. When stertor is heard the chloroform is to be withdrawn until returning consciousness demands a renewal of the anæsthetic. A few words mumbled are no indication of suffering. Even sharp cries are not to be heeded by the operator, except he order more chloroform to be administered. If the

operation be protracted the insensible state of anæsthesia is to be kept evenly on, or as nearly so as possible. As the end approaches, there being little to be done, except to insert a suture or apply an adhesive strip, the patient is to have no more chloroform. A gentle sleep usually continues a half hour or more if severe pain do not arouse consciousness. A careful watch is to be kept lest unconscious vomiting fill the larynx with suffocating materials brought from the stomach.

Prolonged nausea is to be mitigated by draughts of warm water, cold table tea, and the juices of oranges or lemons. A drop or two of the tincture of nux vomica diffused in water, will often allay vomiting.

I wish to say in this connection that a paper funnel with a cloth absorbent in the cone, is a dangerous inhaler. The patient re-breathes respired air, and almost falls into asphyxia. The inventor of the perilous inhaler had economy in view, but not safety.

It is best to select a good brand of chloroform, say Powers & Wightman, and then adhere to it as long as it proves satisfactory. In the event of a death the surgeon wants the consolation that the anæsthetic was not an inferior article.

H.

VERMONT ECLECTIC MEDICAL SOCIETY.

This society will hold its eighteenth annual session at the State House, in Montpelier, commencing on Wednesday, May 30th, and continuing during that and the following day. The annual address will be delivered by the President, W. D. Waller, M. D. Among other papers to be presented are the following: "The History of Medicine," by W. R. Woodward, M. D.; "Cancer," by Dr. H. Ingham; "Crural Phlebitis," by W. E. Bailey, M. D.; "Septicæmia," by H. J. Potter, M. D.; and "Principles of Therapeutics," by S. G. Soules, M. D.

An urgent appeal for a full attendance is made, and the hope is expressed that some action may be taken by the society looking toward its affiliation with the national body.

George H. Gray, M. D.,
Recording Secretary.

East Calais, Vt.

OLEATE OF ZINC IN SKIN DISEASES.

We recently received from T. Metcalf & Co., a sample of their preparation of oleate of zinc. At first thought one would expect the combination of an oily principle and the well known and useful oxide of zinc to be a pasty mass, but instead it is a fine pearl-colored powder, with a soft, soapy feel, very much like powdered French chalk. From what we have learned of this preparation we regard it as vastly superior to most of the ordinary ointments or powders used in cutaneous affections. Our own experience with it is not extensive, yet so far as it goes, highly satisfactory. A lady, in the seventh month of pregnancy, whose suffering from eczema intertrigo in the perineal region was intense, obtained prompt relief from the oleate after the usual zinc and starch powder, and the finely powdered Fuller's earth had failed. There seems little doubt that the oleates, and especially the oleate of zinc, will supersede all dusting powders for excoriated surfaces, and most ointments in skin disease.

Dr. Shoemaker, of the Hospital for Skin Diseases, Philadelphia, says of it: "I have obtained the very best results with it when dusted over a denuded surface, it will have, by the combination of the oleic acid and zinc, a stimulating as well as an astriugent action. It is, *par excellence*, the remedy for excessive sweating, or in cases of hyperidrosis and osmidrosis. I have used it for more than a year, dusted over the surface, in patients suffering from an increased flow of sweat about the palmar and plantar surfaces, and around the axillæ and genitalia. It has relieved and permanently cured some of the most distressing cases suffering with excessive secretion about the feet, in which the epidermis had macerated and peeled away, leaving a tender and exposed skin, and giving rise to a very disagreeable odor. It is likewise most efficacious as lady's toilet powder, particularly to those who are afflicted with shining faces in the summer called seborrhœa oleosa. It is the most valuable and the most reliable remedy in that commonest variety of eczema known as eczema vesiculosum. I have witnessed, and also those who have been in attendance in my clinics during the past winter, marvellous results from dusting this oleate over those on whom the extremities and even the trunk had been covered with small vesicles, swollen,

hot, inflamed, the parts constantly weeping, and the itching so intense that the patient would rub and scratch the surface until it had become perfectly raw. In such cases I have frequently seen the discharge dry up, the swollen and inflamed skin resume its normal condition, by the threefold action of the oleate in protecting, stimulating, and astringing the parts. If this oleate be dusted on an inflamed surface that is hot and tumid, such as is found in erythema about the groins and axillæ, and in herpes, particularly of the genitals, it will cling to the skin, and will not fall or brush off like ordinary dusting powders. These advantages prove, beyond a doubt, the superiority of the oleate of zinc over the ordinary ointments and powders in the class of skin eruptions I have just named."

HEARING a great deal about McElroy's Patent Glass Syringes, and of their usefulness in dealing with complaints pertaining to the genital organs, we made inquiries as to the facts, and find that they are in every respect just what is claimed for them. Mr. McElroy, after years of experiments, has certainly produced the best syringes manufactured. So convinced was the Medical Committee of the U. S. Centennial Exhibition of their high qualities that it unhesitatingly awarded them the highest premium. They are the best in use.

BOOK NOTICES.

ELECTRICITY IN MEDICINE AND SURGERY by Geo. C. Pitzer, M. D. Professor of the Theory and Practice of Medicine in the American Medical College St. Louis, Mo.

This volume purports to be a resume of the principal facts concerning electricity and electro-therapeutics, and is intended as a help for those begining the study or use of this agent. Considerable space is devoted to a clear description of various forms of apparatus employed and the application of them, a commendable feature being the clearness and conciseness with which the author has defined the ordinary technical terms employed—a quality sadly neglected in many text-books. Anyone who carefully reads this book, will be convinced of the important place

which electricity holds as a therapeutic agent. The fact that a part of the work is rather elementary will add to its value with the majority of practitioners. Prof. Pitzer has evidently a wholesome belief in the efficacy of electricity when properly used, which is quite refreshing after hearing so much of the wholesale therapeutic nihilism which is now so popular. The publishers have done their share of the work without stint, the paper, type, and binding, being all that could reasonably be desired. The book will prove a valuable addition to any physician's library.

WATER ANALYSIS: A HAND BOOK FOR WATER DRINKERS, by G. L. Austin, M. D. Lee & Shepard and A. Williams & Co., Boston.

No other questions are of more importance to Boston today, than what she shall do with her sewage, and how she shall obtain pure water for drinking purposes. Millions have been expended to solve the former problem, and the result is still enveloped in doubt, while the latter remains a vexed question after an expenditure of not less than twenty million dollars in bringing hither the soakage of the marshes of Hopkinton, with the surface drainage of Ashland's manured fields, and the sewage of Natick. In some of our suburbs the situation, as regard sewage certainly, is no better. It is stated that more than five-tenths of albuminoid ammonia to the thousand gallons of water, forbodes danger to those who drink it, and yet the exhilarating (?) information is imparted that Cochituate contains 7.60 of the former and 35.60 of the latter in the same quantity. Nor is the condition of things in the country, as a rule, much better—the well being usually located where it will easily be contaminated, if indeed it be not the natural receptacle for the soakage of privy vaults, barnyards or house drains. That impure water is fruitful of disease, goes for the saying—certainly no cause is more fertile in the production of typhoid fever, diphtheria etc., The whole duty of the physician is not always discharged when he simply treats the disease; its cause must be sought and removed. The author of this volume presents a simple and easily applied method of analyzing water, so that anyone may determine for himself whether it be polluted or wholesome.

MISCELLANY.

Warm Milk as a Beverage.—Milk that is heated too much above 100 degrees Fahrenheit looses for the time a degree of its sweetness and its density. No one who, fatigued by over-exertion of body and mind, has ever experienccd the reviving influence of a tumbler of this beverage, heated as hot as it can be sipped, will willingly forego a resort to it because of its having been rendered somewhat less acceptable to the palate. The promptness with which its cordial influence is felt is indeed surprising. Some portion of it seems to be digested and appropiated almost immediately; and many who fancy that they need alcoholic stimulants when exhausted by fatigue will find in this simple draught an equivalent that shall be abundantly satisfying and more enduring in its effects.—*Medical Recorder.*

Retention of the Head of a Child in Utero Forty Days.—In the following case the head, after version on one foot was made, was torn from the body by force. The mother remained eight days without assistance, after which time lukewarm injections were made into the vagina in order to remove the disagreeable odor. This procedure was kept up for forty days, when the patient was first seen by the author. He found the cervix had returned to its normal size, so that dilatation was necessary, after which the macerated bones were removed singly by means of a polypus forceps. In spite of this unwonted negligence, symptoms of septicæmia never appeared, nor did the uterus show any desire to rid itself of this foreign mass.—A. Valenta, *Arch. f. Gyn.*, xix, p. 431.

Dead Drunk.—"Dead drunk" is described by savants of the Paris Biological Society to be a condition in which there is a proportion of one part of alcohol to one hundred and ninety-five parts of blood in the circulation. Should the proportion ever come to be one part of alcohol to one hundred of blood, death would ensue. This might happen, and in fact has happened repeatedly, where a very large quantity of alcoholic liquor is swallowed at one time and quickly. In ordinary drinking consciousness is lost, and with it the power to drink more, before the proportion of alcohol in the circulation becomes fatal.—*Medical and Surgical Reporter.*

Slow Pulse.—Dr. W. T. Harris, of Brantford, Ontario, Canada, writes: "In one of the numbers of The Record last summer, I observed a reference to a remarkably slow pulse, thirty-six

per minute. Last October, I saw a gentleman in perfect health with a pulse of thirty-one per minute, and the same case I saw again last week, and found his pulse thirty-three per minute in the sitting posture. This man is sixty-eight years of age, and has always been perfectly healthy. He is a farmer residing in the vicinity of this city."—*Medical Record.*

The Everlasting Pill.—The "everlasting pill," once a part of our ancestors' armamentarium, was composed of metallic antimony, and it was believed to have the property of purging as often as it was swallowed. This was economy in right earnest, for a single pill would serve a whole family during their lives, and might be transmitted as an heirloom to their posterity. We have heard of a lady, who having swallowed one of these pills, became seriously alarmed at its not passing. "Madame," said the physician, "fear not; it has already passed through a hun-patients without any difficulty."—*Medical Record.*

The Water-Closet's Doom.—An ingenions German has invented a plan for the manufacture of gas from human fæces. These are decomposed in a retort by heat, the chief products being a light-yielding gas, carbonic acid, tar, oil, and ammonia. As in ordinary gas-works, the tar and oil are separated, and the light-yielding gas purified for use. There remain in the retorts the ash-constituents with a portion of carbon, which the inventor designates coke. The authority for this description, *Der Techniker*, informs its readers also that a Breslau hotel has already been successfully lighted by means of this novel and presumably economical gas.—*Medical Record.*

Coffee in Typhoid Fever.—The value of coffee as a heart and brain stimulant in adynamic conditions is perhaps not fully recognized. Recently Dr. Guillassee, of the French Navy, has given coffee in the early stages of typhoid fever with marked success. Three teaspoonfuls were given adults every two hours, alternating with one or two teaspoonfuls of claret or Burgundy wine. A beneficial result was immediately apparent.—*Medical Record.*

The Late Professor Pond was once demolishing Darwin and his theories—a task which he frequently engaged in—when he triumphantly wound up with the question: "If we are monkeys, where are our tails?" The professor, who had been speaking for two hours at a stretch before asking this poser, was startled to hear a tired auditor answer audibly: "We have sat on them so long that that they are worn off."—*Medical Record.*

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ORIGINAL COMMUNICATIONS.

THE TREATMENT OF INCIPIENT PHTHISIS.

BY A. J. HOWE, M. D., CINCINNATI, OHIO.

WHILE we are told that the bacillus tuberculosis is present in the sputa of consumptives, and that the tubercle of phthisis pulmonalis is the nidus of a special micro-organism; and while it is hinted that consumption is rendered contagious by the diffusion of bacilli in the atmosphere—everybody inhaling desiccated germs which are ready to revive as soon as the warm and moist surfaces of the respiratory passages are reached—we are to consider all the pertinent points in the matter, and not become the victims of hasty conclusions. Is the robust individual to fear the inhalation of infectious microbes, and wear a "Davy safety lamp" over his head, or a helmet of gauze? Or, is it not a fact that thongh the germs of disease are plentiful and widely scattered, only the susceptible among mankind receive the morbid principles and develop them? The children of consumptives do not inherit the bacillus of tubercle, but a proclivity for the reception of the microbe. That girl or boy of lean and slender features, though a *coleur de rose* tinge the cheeks, is not safe, especially if the thorax be restricted in capacity and the lymphatic glands be large. If the parentage be "scrofulous," dyspeptic, eczematous, and anæmic, the progeny enters upon adult life,

carrying weights. Add to the weaknesses a predominance of in-door pursuits, scanty meals, insufficient clothing, gloomy prospects, disappointment, and unwholesome surroundings, and the party is doomed. A partial pneumonia or a catarrhal fever imparts activity to the pathological state, and malnutrition establishes progressive phthisis. A hacking cough is heard, a languid feeling is experienced, a loss of flesh is perceptible, a night sweat is probable, and daily exacerbations of fever are felt. The stethoscope reveals *rales* and *souffles* in the apex of one or both lungs: the heart beats ninety times in a minute, and there are twenty-five respirations where there should be but twenty. To enumerate all the morbid phenomena would require more space than I propose to occupy. Suffice it to say that the patient has nascent phthisis pulmonalis whether there be bacilli in the sputa or not. If they be not present thus far, they will soon appear, for the soil is fit for their occupancy.

But, to battle successfully the morbid onset is the business of the physician. He can do much good—even cure—if called early, yet accomplish little after cavities have formed in the lung structures. In starting upon a course of treatment he is not to waste time in seeking a germicide to slay the bacillus of Koch, but to utilize what is already known in the therapeutics of the disease; and he is not to think that cod liver oil and "the hypophosphites" are sure cures. Arsenic stands first in the list of remedies for nascent phthisis; phosphorus next; and veratrum third, in order of efficiency. The three may be combined in the same prescription, as follows:

℞.—Syrup lacto-phosphate of lime, ʒ iii;
Fowler's solution, ʒ i;
Norwood's tinct. veratrum, ʒ ss.
M. S. Dose, half a teaspoonful every three hours.

The upper part of the front aspect of the chest may be daily rubbed with an irritating or vesicating mixture:

℞.—Sweet oil, ʒ iiss;
Oil cloves,
" bergamot, a. a. ʒ ii;
" croton, ʒ i.
M. S. External use.

Night sweats may be controlled with cold sage tea, with elixir vitriol, or with sulphate of atropia. Cold feet may be warmed with pulverized cayenne sprinkled in the stockings. Headache and nasal catarrh may be alleviated with juniper pomade which is rubbed in the nose twice a day.

Nutrients are to be employed in the most fastidious manner. Raw oysters flavored with lemon juice; poached eggs well done, and taken with horse radish; tenderly boiled pigs' feet, eaten with pickled olives; well spiced soups of various kinds; cream with fruits; and coffee or tea without milk. Only a few articles of diet are mentioned. They are intended to be suggestive of others, varying to suit the tastes of patients.

Inhalants of all kinds are nearly useless, except to amuse. The disease is one of the nutritive apparatus, therefore medicated vapors are likely to do little if any good. The use of wines or alcoholic stimulants of any kind can result in no substantial good.

Consumptives do best in high and dry places. The vicinity of Santa Fee, New Mexico, is an excellent locality. Florida is too low and damp. Nassau will do in winter on account of its steady temperature in the Gulf Stream. Minnesota is too chilly, and so is Michigan, though the pineries of these regions are rather wholesome to lung sufferers.

Out-door life in sunny climes is better for consumptives than it is for them to be pampered in palaces. They should eat venison shot with their own weapons; and relish fish caught with hook and line. An enticing effort whets an appetite. Sports enjoyed are enlivening.

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*WAS IT LEAD POISONING?**

BY C. E. MILES, M. D.

I THINK I first presented this case to the Society in October, 1880, and mainly for the purpose of getting some light in regard to its diagnosis. I am aware that what I have to say now, is not as definite as could be desired; but it is interesting to me, and may not be without interest to you.

On August 7th, 1880, I first saw Miss ——, she was a tall, slender girl, 16 years of age, of nervous-sanguine temperament,

*Reported to the Boston District Eclectic Medical Society.

intellectual, dyspeptic, anæmic, and somewhat constipated in habit. Menstruation was regular and normal, or nearly so. She was in bed and suffering agonizing pain somewhere in the abdomen, chiefly in the epigastric region as it seemed, running through to the back, but just where, she could not tell exactly. The pulse was but little quickened, and the temperature about 99.5° F. There was no abdominal tenderness on firm pressure, but hyperæsthesia existed in a slight degree in that region. She had been in that condition for some twenty-four hours.

From the mother I learned the following history of the case. For about two years the patient had been subject to attacks, such as she was then enduring, occurring once in from two to six weeks, and they continued in their severity from two to fifteen days, leaving her much prostrated; and it was the opinion of the mother that but little benefit from medicine had been obtained. She had been under the care of two homœopathic physicians of considerable reputation, and they had at length confessed that they had never seemed to benefit her, and that the nature of her disease was to them very obscure.

At the request of the mother I saw the patient and found her as before stated. I applied hot fomentations and anodyne liniments; gave gelsemium and bryonia; moved the bowels with enemata, etc. The pulse went up to 120 per minute, but the temperature never arose above 100°. The tenderness increased over the entire abdomen, but not to an alarming degree. The only relief given to the patient was by use of the hypodermic injections of morphia in from 1-6 to 1-4 grain doses. On the 26th day of August I left her very comfortable.

Another attack similar to all former ones came on October 7th, forty-two days after I last saw her, but with larger doses of morphia, than given in the previous attack, the pain was more completely subdued and she was quite relieved in five or six days.

At this time the mother suggested to me that she thought her daughter had spinal disease, and that it gave rise to the violent attacks from which she suffered. I made a careful examination of the spine and found a slight left lateral curvature in the lower dorsal and upper lumbar region; but in the absence of all symptoms, that I would expect to find if such condition, was producing

these paroxysms, I expressed my doubts very strongly as to any relation existing between the two conditions.

The most marked constitutional feature of the case, was the progressive tendency to anæmia. This turned my attention to the possibility of gastric ulcer as the cause of my patient's distress, knowing its frequency in anæmia and the insidious workings of that disease, and that now and then it gives rise to most terrible agony. But I was altogether in doubt in the matter; my diagnosis was obscure, and my treatment was, to myself, unsatisfactory, though the patient and her friends thought it a gain over homœopathy as she did get great comfort from the hypodermic injections.

As I was about to suggest treatment for the anæmic condition, an eminent orthopedic surgeon was called, and after a careful and prolonged examination of the patient, pronounced her case one of spinal disease; and the paroxysms of pain as one of its results. Sayer's jacket was at once applied, and the case went on well for two months, or thereabouts, to the joy of all, only to be blasted by a fearful return of the former agony. Able counsel was called, but relief was not obtained until heroic doses of morphia were administered hypodermically.

A respite now came for a brief time when another attack occurred, and an eminent specialist in the treatment of nervous diseases was called, who diagnosed the case as *lead poisoning*, and prescribed accordingly. There was a prompt relief from pain, an early recovery, a putting off of the Sayer's jacket, and there has been no return of the torture to the patient, after a lapse of more than two years.

The etiology and diagnosis of the case were very obscure and annoying, but when understood, *as is supposed*, it was easily treated and readily cured. The remedy used I do not know. Where, when and how the lead gained entrance to the system is still more obscure than the diagnosis.

The query may rise in the minds of certain, *Was* the case one of lead poisoning? Let those who *know*, answer.

126 Warren Street, Boston Highlands.

THE TIGER-SPOTTED LILY.

BY GEO. W. WINTERBURN, PH. D., M. D., NEW YORK.

LILIUM tigrinum is a familiar flowering garden plant, profusely cultivated in all parts of the United States, although originally an exotic, from the far East. The tincture is made from the flowers.

Lilium has for its analogues cimicifuga, helonias, mitchella, and other ovario-uterine drugs; belladonna, cereus, muscarius, and other nervous remedies; and also has some therapeutic relation to podophyllin.

The action of lilium is peculiar. It begins at the ovaries, and extends, not only to all portions of the reproductive system, but to every portion of the body connected with it by nervous ties. Thus the heart and lungs, stomach and bladder, and the brain, all feel its reflex influence.

In ovarian irritation with frequent and profuse menses; or, in ovarian congestion with scanty and delayed catamenia, or, in chronic ovaritis, its judicious use will prove curative. The following case of irregular menstruation was cured by it:

Mrs. O. S., aged twenty-four, thin, wiry constitution, had been quite irregular in her courses for two or three years; the interval between varying from four to seven weeks. She had almost constant burning pain in both ovaries, worse in the night, which were somewhat swollen. For several days before the catamenia came on, the pains became stinging, so as to double her up, and prevented her walking in an erect position. The flow was very scanty, and sometimes lasted only one day, never more than three, and was followed by a thin, acrid, brownish leucorrhœa. The flow occurred only during the day, and while she was moving about; had a musty, disagreeable odor, and caused intense sexual irritation. She was very morbid in her emotions, was troubled with palpitation, had a drawing pain in the small of her back, and a bearing down feeling in the uterus. She was given lilium tincture in drop doses in a little water, three times a day. No improvement was noticed for several weeks, except a moderate decrease in the ovarian pain, and in that felt in the lumbar region. Gradually, however, her entire condition changed, and at the third monthly nisus, the flow was nearly normal in quantity

and appearance, was not followed by leucorrhœa, her spirits were good, the heart's action normal, and the swelling and sensitiveness of the ovaries were all but gone. She continued the medicine, in all, for about six months, by which time her health was completely restored.

The following case was somewhat different in its symptoms, but they all started from ovarian irritation, and for that reason were amenable to the influence of lilium: Mrs. J. Q. A., aged thirty-two, a slender blonde, of fine organization, suffered much annoyance from a profuse yellowish-brown excoriating leucorrhœa, causing smarting and swelling of the labiæ. The discharge ceased almost entirely at night, or during any long-continued repose during the day, but was greatly aggravated when walking much, or after standing, or any unusual exertion. There was great tenderness in the left ovary which became swollen at each monthly period to the size of a goose's egg. With this there was frequent desire to micturate, but a small amount being passed, followed by stinging in the urethra. During this period walking caused the most excruciating pain in the right ovary, as if it would be torn from its place. The menstrual flow was thick, of a foul odor, but quite profuse, and required the utmost cleanliness to prevent excoriation of all the outer parts. There was slight cough, some oppression of breathing, no expectoration, considerable cardiac irregularity, and coldness of the extremities, as if the blood failed to circulate freely. She was very nervous, and was always brooding over the possibility that she might become insane. This and the sleeplessness, from which she also suffered, led me to give, at first, cimicifuga, but this while it alleviated the mental symptoms did not benefit the local trouble. I then gave her lilium, which she took steadily for several months, and under which she was entirely restored to health.

The prompt use of lilium will prevent the formation of ovarian tumors. In simple benign enlargement of the ovaries (hypertrophy) the result of irritation and congestion, it is fully capable of removing the whole trouble; and it is even said to dissolve incipient tumors. It is so difficult to diagnose between these conditions, that it is impossible to say whether the cases cured were or were not tumors. But at least it is best to err on the side of

hope, and to work for our patients, and encourage them, rather than to sit idly down because the case seem irremedial. The special indication for lilium here are a bearing down in this region, relieved by a snug bandage, aggravated by standing and especially by walking; stinging and burning pains in the swollen ovary, shooting up into the abdomen, across the pubes, or down the thigh.

In neuralgia of the ovaries associated with cutting pains in one or both mammæ, lilium is generally curative, and it is nearly always useful in all stinging and darting pains in the ovaries.

In uterine displacements it is capable of doing better service than any form of mechanical snpport. This will sound like heresy to some, but I know it to be true. Congestion is the main factor in causing displacements, and the assertion that these are caused by the relaxation of the uterine ligaments is not founded on pathological study. Relaxation of the ligaments does occur, but always as a secondary symptom, as an effect not as a primary cause. If the uterus is in its normal position and becomes intensely congested, anteversion takes place; but if the uterus is somewhat prolapsed, and becomes congested, it then becomes retroverted. For this reason anteversion is more common among young, unmarried women; and retroversion among those who have borne many children. Artificial support will not strengthen the lax or debilitated fibres, although it does without doubt give a delusive, because prompt, relief. But in many cases I have seen the direful results of such mechanical interference. And unless the uterus is cured, by internal medication, of the condition which induced the prolapse or version, it will return to its old fault when the appliance is removed. Without any support, leaving it just where it was, I have seen lilium, gradually lift a uterus into its place, and so strengthen all the parts, that it staid there.

Mrs. A. V. M., aged thirty-two, a delicate brunette, came under my professional care in October, 1879. She had had typhoid fever ten years previously, since which time she had suffered from female complaiats. Marriage did not improve her condition as had been hoped, in fact she seemed to think she was worse from sexual intercourse, and had had no relation of

that sort for more than a year. She was married to a man much older than herself, but very affectionate and thoughtful for her comfort, and her home surroundings were as pleasant as could be desired. For several months previous to the date mentioned she had been a patient at the Women's Hospital in this city, but had come out rather worse than better from the treatment she had received; although she spoke very kindly of the attentions accorded to her there. Upon examination I found the uterus flexed upon itself and tilted to the right and forward. Although there was little, if any, prolapse, she had a constant feeling as if the uterus and all its appendages were about to issue forth through the vagina. There was pressure on the bladder, causing frequent desire to urinate, which however she could easily control by the will; and after urinating a slight burning in the urethra. There was a very scanty discharge from the womb, sometimes amounting to only a few drops, and ceasing altogether on lying down; but it was exceedingly acrid, and she was obliged to wear a sponge all the time, as, if allowed to come in contact with the outer surface, it completely denuded it. Both vagina and uterus were exceedingly sensitive to touch. Her menses were regular although inclined to delay, very profuse, unless she kept quite still for several days; and accompanied with swelling of the left ovary, and pain of a darting, neuralgic nature in both. The cardiac symptoms were very pronounced, and really gave her more concern than the ovario-uterine disorder. She complained of a sense of fullness in the heart, as if the blood was impeded in its outward flow. Sometimes the sensation was as if the heart was seized and held tightly for a moment, causing faintness. The heart symptoms were better out of doors, and aggravated after eating, and especially in the afternoon and evening. She was very whimsical in her moods, sometimes very pleasant and agreeable, and again irritable and censorious. She was indisposed to any serious or continued work, although naturally of a very ambitious temperament. If she went out she would wish she was at home again; if she staid at home, she wondered why she hadn't gone out; so under all circumstances she was dissatisfied. Her appetite was meager and easily satisfied, but her digestion was good, and although delicate she was not emaciated; bowels

constipated; urine normal in appearance. She had dull pain along her spine, but no tender points on pressure, and she could lie comfortably upon her back. The history of the case showed that the ovaries were the first to suffer, and that the involvement of the uterus did not occur until long afterwards. This and the general symptoms of the case led me to give lilium from the first. As usual, it was slow in making an impression, and as day after day went past without any evidence of improvement, my patient became very restive. Fortunately I was at the same time treating another member of the family for a long-standing complaint, and making very satisfactory progress, otherwise I should have probably lost the case. In about three weeks however, marked improvement set in, and from that time it was steady progress toward recovery. The uterus was gradually lifted back into place; the leucorrhœa ceased; the catamenia became normal; her good spirits and vivacity returned; and she was able to walk two miles with ease and pleasure. Shortly after this the family moved out of the city, and I lost all further knowledge of the case.

In diseases having their rise in the uterus, even if the ovaries subsequently become affected, lilium is not likely to prove curative; but when the earlier symptoms are all ovarian, and the uterine and vaginal involvement follows, it is a most hopeful remedy.

It is never indicated in bland leucorrhœa, nor usually in profuse discharge of any nature; but in the kind already described it is often effectual, even when the concomitant symptoms do not correspond to those mentioned, in the cases detailed.

It will alleviate the morning nausea of pregnancy, and of uterine irritation. It will cure the congestive headaches of young girls at the age of puberty. It will also benefit the headaches associated with hysteria, chorea, and other nervous conditions, and when occasioned by self-abuse. It has proved beneffcial to men suffering from the effects of masturbation, or from sexual excesses, when the symptoms are mainly nervous, with taciturnity, sadness, and thoughts of suicide.

It will cure nymphomania in one sex and satyriasis in the other when the condition is a purely local one, depending upon irritation, and not upon erotic desires.

The functional cardiac disorders of women with uterine complaints in which lilium proves effective have already been discussed. But it also benefits a similar condition in men, entirely unconnected with any sexual disorder, showing that its action is not in all cases merely reflex. In its action upon the heart it is notable, like cereus, and in cases where the heart's action is functionally depressed, and the blood is not sent out as rapidly as it is returned, lilium will do good. It probably does not reach organic heart disorders.

It has an important, but as yet unstudied relation to the eye; resembling somewhat the action of cimicifuga and gelsemium. It has cured cases of astigmatism, hypermetropia, nervous photophobia, and muscæ volitantes.

29 West 26th Street.

COINCIDENCES WHICH SUGGEST THOUGHT.

Dr. A. J. Smith, in the *Indianapolis Eclectic Medical Journal*, for May, takes occasion to air his therapeutical philosophy in a stenographic lecture, reported to have been delivered. It is due the speaker to say that he is an educated gentleman, but his stenographer needs lessons in the elements of English. But, I am not in a mood to be critical except in regard to "doctrines." The "shorthand" individual makes Smith say: "I want to draw your attention now, to the pathological conditions that would require your attention in preparing patients for surgical operations, in bridging them over the operation, and warding off the impending shock. Let us then study the expressions of the different parts of the body, in disease, in a manner that will give us a knowledge of rational treatment.

"And first we will take a look at the tongue, as an indication for remedies. We want to know when we look at the tongue exactly what the conditions are, whether pallidity, redness, or a neutral state between these two conditions; whether there is a fur upon it, and if so, what the appearance of the fur is? In this way we may go on investigating and noting the action of certain drugs when certain conditions prevail. In this way we have learned and are still learning the relation between drug action and diseased conditions.

"Suppose we have a broad pallid tongue with the same condition of mucus membrane of the mouth and other parts internal that can be seen. Now add to this that peculiar dirty expression seen in zymotic diseases, and we have an indication for the sulphite of sodæ. Why? Because the sodæ has been given when such conditions existed, and it has always cured.

"If the pallor is lighter and there is no 'dirtyness,' we will be content with the Bi-Carb. of sodæ.

"Again we will look at the tongue for another condition, that of redness with 'dirtyness,' and we prescribe Sulphurous Acid, and we find the patient improves, the tongue cleans, and the health is restored. Now, you ask what disease we prescribed the sodæ and the acid for? I answer, we care nothing for the old pathology that only named the disease, without showing any relation between it and the drug given, therefore we ignore names as much as possible, as they are inclined to mislead the student of medicine, and cause him to fall into the habit of prescribing by routine, without any intelligent knowledge of diseased conditions. * * *

"We have another condition of the tongue, that indicates a septic condition of the blood. A dark grumous appearance, full thickened state of the mucuous tissues, with sordes upon the teeth; and *Baptisia* is possitively called for. It will always relieve that condition of the system if properly administered.

"I find upon the tongue evidence of septicæmia, and yet Baptisia is not indicated. I find a deep red tongue, dark in the centre with sordes upon the gums. Coma with all the symptoms of early dissolution. Here is a case in which the mineral acids are positively indicated "'Muriatic Acid.'"

The above is representative of Dr. A. J. Smith's style and reasoning. He is a "specific" medicationist, and as he quotes from nobody, and does not refer to anybody, he would have his readers believe that he ignores Scudder and is ignorant of the teachings of homœopathy. However, if an average observer can tell when baptisia is to be used, and muriatic acid neglected, we eclectics are better diagnosticians than we used to be. Not half of us can tell a "grumous" tongue when we see it. Then, again, is it a fact that we are to confine our attentions chiefly and

mostly to the appearance of the tongue in order to learn "the relation between drug action and diseased conditions"?

I am afraid I could not decide when to use the "sulphite of sodæ," and when the "bi-carb." Possibly the manifestation of "dirtyness" would help me out. Besides, it is not plain how the "specific" method of looking at things, ignoring names, is wonderfully superior to the old manner of naming disease, "without showing any relation between it and the drug given." In fact, I do not see why a student of pathological states has anything to do with "drug action." Cannot a medical man study the progress of gangrene in a foot and leg, amputate the limb, and then autopsically hunt in the dead member for thrombus or ossification, and not have in mind baptisia, muriatic acid, or sulphite of soda? Why endeavor to mix things that do not belong together? The patient dying of gangrene had a "dark grumous tongue," yet what good could chlorate of potash do? It could not dislodge the thrombus in the popliteal artery, nor remove the "cadaveric odor." Then, why attempt to "ignore names" in an effort to solve the pathological enigma? Or, how would the calling of names lead to "prescribing by routine"?

It is very well to look carefnlly at the tongue in attempts to diagnose morbid states, yet in the particular watchfulness we should not thereby overlook other important matters. In many instances as much, if not more, could be learned by inspecting the umbilicus or the wrinkles of the anal folds.

The brief exposition of Dr. Smith would not have a significance were it not for an editorial of Dr. Scudder, in his May number, on "*A Philosophy of Medicine*, No. IV." In that the editor, among other things, says: "If one will study disease carefully, he will see that every phase has distinct expression. We call these expressions *symptoms*, and it is the language of disease. The condition of the pulse, the range of temperature, the expression of the eyes and face, the appearance of the tongue, the sensations given by the skin, the character of the urine and feces, the location and character of pain, efforts at expulsion from hollow organs, alternations of color, general expressions of the body, etc., will be recalled as distinctive evidence of disease.

"Without reference to names of disease, we find these symp-

toms variously grouped, and we meet with the same symptoms in what would seem to be the most diverse or opposite diseases. With a disease clearly diagnosed, and a name affixed, we have diverse or opposite symptoms; so that we realize that if the symptoms express conditions of disease, and are to be followed, then names are meaningless, to a considerable extent, and a treatment of names cannot be successful."

It will be seen by the above quotations that Scudder and Smith, or Smith and Scudder, make about the same music while playing on their "organs." One is a little more comprehensive than the other,—he is better skilled in the use of rhetoric. Scudder is a much slyer fox;—but, let us go on with quotations from him. "As our study goes on, we realize that there is a distinct and definite relation between symptoms and remedies—between disease expression and drug action." Let the reader compare this language with that employed by Smith as detailed stenographically. The signs or manifestations of disease have an affinity or relation with the intrinsic properties of drugs! And such is the grand "sum total" of specific medication and specific diagnostication!

Let us proceed with Scudder's "*A Philosophy*": "In illustration we take the class antizymotic as our first example. Let us have the common group. Sulphite of soda, sulphurous acid, muriatic acid, baptisia and chlorate of potash.

"The sulphite of soda will meet the case with broad pallid tongue and dirty coat.

"Sulphurous acid will meet the one with red tongue, slick, or with glutinous coat like fecal matter.

"Muriatic acid is the remedy if the tongue is deep-red and dry, with brown coating.

"Baptisia is the remedy when the face is full, dusky or purplish, red like one who has been exposed to the cold; mucous membranes full and of same color.

"Chlorate of potash is the remedy when the patient 'stinks'—the odor of cynanche maligna, fetid lochia, unpleasant menstruation, decomposing animal matter."

Compare the language of Smith. The variation is not pronounced enough to be interesting. I have it in mind to ask

either of these gentlemen what a practitioner would do when the shades of the tongue varied somewhat from red, deep-red and dry, pallid, brown, *etc.*, *etc.*,—and the patient did not have a cadaveric odor? Lastly or at length, how do these wiseacres know but dozens of other remedies will do just as well as those so especially mentioned? The wonder is that the two observers agree so well.

Prof. Scudder affirms most postively that collinsonia acts directly and postively on the mucous membrane of the rectum and anus, relieving irritation. Please ask Prof. Lock if a "small dose" of sulphur will not do the same thing. Prof. Scudder complacently (possibly he is joking) asks if anybody "will be kind enough to tell why the small dose (of phytolacca) selects the mammary artery or the mammary nerves" rather than other parts. Then he asks for sombody to "be kind enough to give the rationale between an itching nose, and the remedial action of santonine". Ha! ha! will give it up. Ask something easy. The question was once put to a scientific society why eight quarts of water in a bucket which together would weigh twenty pounds, did not weigh any more when a live trout weighing a pound, was forced into the vessel, one member answered by saying that the fish was buoyed up by the fluid and did not touch the receptacle, *etc.*, *etc.*, till a member solved the riddle by making an actual experiment.

If any remedy will produce itching of the nose it is morphia; and a verminal state of the intestinal canal cause nasal irritation, now will any one tell me why morphia is not a vermifuge—"the relation" is right!

Finally for *May*, comes Howe on "Specific Philosophy," in Pitzer's *American*. He confesses at once an inability to discover "the harmonious relationship of medicine and morbidity;" he adheres to knowledge obtained by experiment, declaring that it takes him about a year to find out much concerning the action of a given drug!! Why *how* does he expect to keep up, travelling at that slow pace? Has he not found out that it is much easier and more progressive—more in accordance with the way of the times, to assume that sweet apples will assuage the sorrows of a boy. When I was a lad and looked upon pippins I knew they

were suggary especially if I had stolen saccharine fruit from that same tree the year previous. Now, that is the way Howe says things are found out—by *experiment*, and in no other way, unless "chance" has demonstrated something. But, you know he restricts his attention to surgery; and it is unbecoming in him to pretend to know anything about the action of remedies, or of medical philosophies. It was cruel of him to say, in his slashing way, that "hydrargyrum has no more affinity for venereal disease than it has for snakes." Does he not appreciate that the inculcation of such heresies would overthrow our distinctive doctrines? When the darkey preacher asserted that Pharaoh's heavy artillery broke the ice on the Red Sea, and thus drowned the pursuing hosts of the children of Israel, a quissical curly pate "spoke out in meeting" and asked how ice could exist in that hot country. The rebuke was that such a "sarching" query would destroy the fundamental principles of any religion.

It is not kind and considerate of Howe to stick his spoon into this hash. Let him go to Elysian Fields with his *methodus medendi*.

HALIFAX.

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

(AMERICAN AND FOREIGN.)

WASHINGTON OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

DR. T. SMITH read a paper on "Rupture of the Perineum," basing his remarks on a case occurring in his practice, wherein the patient, a woman thirty-eight years of age, had suffered rupture of the perineum fourteen years ago; since which time she had been a great sufferer, and had been attended by several physicians who did not propose an operation for her relief. The results of the operation were satisfactory. Menstruation came on the day after the operation and occasioned much anxiety; but when the stitches were removed, union was found to be perfect. Dr. Smith insisted upon the early performance of the operation for the relief of the laceration, inasmuch as it entailed no danger to life, and saved women from years of unnecessary suffering. Easy of performance, satisfactory in results, no physician at the

present time is justified in refusing to extend to his patient the benefits resultiug from the operation.

Dr. Ashford drew attention to the question of primary and secondary operations. Aside from the cases in which, from some peculiar condition of the patient, the primary operation was inadmissible, there was another reason which prevailed to a great extent; it was the feeling of the physician not to admit that rupture had taken place, and this feeling led him to tie the knees together in the hope that union might be obtained. Especially was this true of young physicians. If the accident occurred in the practice of old physicians it was called unavoidable, while in the case of young physicians it was apt to reflect upon them. Many cases were delayed because the rupture was not discovered at the time, and this was due to neglect of the physician to make an examination immediately after labor in order to discover whether such an accident had taken place. We especially expected the accident to occur in primiparous cases, yet the swelling, bleeding, etc., obscured the rupture, which after a time was plain enough. Then again there might be a central rupture, one not breaking the integument, and only shown by a blue line of effusion beneath the skin.

In ruptures not involving the sphincter, i. e., in ruptures of the second degree, all agreed that we should operate at once; but when the sphincter and retro-vaginal septum were involved (third and fourth degree) the propriety of an immediate operation might be doubted. The apprehension of danger of primary operations was, of course, absorption of septic material, but Thomas and others had held, with good reason, that by operating at once, we lessened the surface for absorption. In cases where rupture was extensive, the primary operation was not, as a rule, a success; still the cases were better for restoration at a subsequent period, inasmuch as the primary attempt prevented shrinkage of the parts, and especially of the sphincter. He held therefore that it was a good rule, to operate at once in all cases, unless the condition of the patient was such as to forbid interference. The general results of rupture of the perineum were of paramount interest to the gynæcologist, and while it was true that we met with cases that presented no symptoms traceable to the rupture, there were others whose local and general symptoms were clearly due to the rupture. The denudation of the cicatrix in these latter cases and closure of the laceration, had a decided moral and physical effect on the woman. Thus, if there were bearing down pains in the loins, with leucorrhœa, and especially the fear that they were sterile, restoration of the perineum had a marked influence; the spirits of such patients were rendered better, especially

if previously they had supposed themselves to be unfitted for sexual intercourse—a supposition of a marked depressive influence and sometimes leading to serious results. We all knew that if a woman believed herself to be sterile, the uppermost idea with her was to have a baby, and this supreme idea had its effect upon her mental condition. Dr. Ashford next spoke of the prevention of the accident, and as to the use of forceps in the production of the rupture. In most of the cases which he had seen the rupture had occurred when forceps had been used, i. e., when there was need of their use, such as impaction or malposition of the head. Thus, the occiput being behind and sweeping over the perineum, led to excessive distension and rupture. It was not fair in these cases to attribute the rupture to the use of forceps, but rather the result of causes demanding the use of the instrument. One of the worst cases he had ever met with, in which the sphincter and retro-vaginal septum were involved, was one in which forceps had been used, eclampsia being present. Primary operation was unsuccessful. A second operation was subsequently done, but without success. Dr. A—— finally succeeded by making two operations, first closing the retro-vaginal portion, and then the perineal. He would limit the time, in which the primary operation should be performed, to twenty-four hours after delivery, but the best time was within six hours.

Dr. Prentiss said the essayist had dwelt mainly upon the importance of the secondary operation, and his remarks rather reflected upon the conduct of the physician, who had treated the case before it fell into his hands, for not having relieved her by an operation. The question was how far these physicians were to be held responsible, for it was well known that some patients would not submit to the operation when proposed to them. The case reminded him of one of his own, seven years ago, where the patient refused to be operated on until after the climacteric period, fearing lest any future labor would reproduce the rupture. And this brought up the question, as to the risk run, in subsequent labors, of renewed rupture. He would like information on the subject. He always operated at once unless the rupture extended through the sphincter. In cases of this kind, he did not take *no* for an answer when proposing for the operation; he simply said he would do, and he did. The pain was slight, the operation easy, and, in his hands, the success had been uniform.

He had had only one case involving the sphincter, and this taught him a lesson, inasmuch as he was blamed for neglect. The patient was a primipara, the labor tedious, and was finally terminated, uuder ether, by the hand, by bringing down the buttocks. After delivery he was positive that no rupture had

occurred, and the child being cyanosed, he first attended to its resuscitation. The nurse whom he requested to examine the woman to see if there had been any tearing, said there was no rupture. But on the fourth day the nurse informed him that the patient had had an involuntary movement of the bowels, and upon examination he found rupture involving the sphincter. He reproached the nurse for what he believed to be intentional deception, but she declared that there had been no rupture at first. He thought now that the case was one of central rupture, followed by sloughing of the integument. He now always inspects the parts after labor, exposing them freely to light for that purpose.

Dr. Hagner said we knew that the head pressing on the perineum for a long time, makes the tissues baggy and liable to rupture. The early use of forceps will remove this cause of the accident. He did not believe that stitches would do any good after thirty-six hours. The most alarming-looking rupture he had ever seen recovered perfectly after a primary operation, though at the time the woman was œdematous, suffering from albuminuria, and had had many convulsions. He had operated on four cases within an hour after rupture and obtained perfect union in all. He had seen several cases where the perineum had been restored and the patient delivered of several children afterward without rupture taking place.

Dr. Fry had operated upon a case six weeks after rupture. On the fourth day there was a discharge of blood, which kept up for eight days. He did not think it was menstruation. In that case the woman was alone during labor, and for forty hours afterward. She wrapped the child and placenta together in a blanket and lay quietly in bed until her mother came, who cut the cord, dressed the child and left it at somebody's door. He always told the patient when the accident occurred. He had seen several cases where the perineum remained intact during subsequent labors.

Dr. Ashford remembered a case where in a subsequent labor, after secondary operation, the rupture did not take place in the line of union, but adjoining it. He thought ruptures more apt to occur after secondary than after primary operations.

Dr. Johnson said it would be much better for the reputation of the doctor, and comfort of the patient, if a thorough examination should be made after all labors to ascertain if a rupture existed. The modesty of the patient should yield in this matter. His experience was not in accord with the statement that the profession was a unit in favor of an immediate operation for restoration of the perineum. He related a case where extensive laceration occurred, but the doctor in attendance only said he "never

bothered about such things; they all healed up." Others felt the same way. But they don't "all heal up" and the life of the patient is endangered by the large raw surface, which favors septicæmia, by purulent absorption. Supporting the perineum for a long time, with the hand, might favor the very accident which it was intended to prevent. The forceps instead of causing rupture, frequently is the means of saving the perineum. When skllfully used much more good is done by supporting the head and the perineum will take care of itself, He had used the forceps many times and had occasionally ruptured a perineum in a primipara, but held that more good than harm was accomplished, as by the immediate operation the parts were at once restored, while the indications for the use of the forceps had been fulfilled. The perineum should be restored immediately after labor was completed. He had known of several cases analogous to the one quoted by Dr. Prentiss, in which the perineum sloughed after labor. He would advise that the operation be done well. Put in stitches as deep as possible, get firm support, and bring the parts closely together. Immediate operations sometimes failed, because they were to hastily and imperfecly performed.

Dr. Smith said, in closing the discussion, that it would be well in a medica-legal point of view, if it could be clearly placed on record, that sloughing does occur after labor as described by Drs. Prentiss and Johnson.

MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.

The Twenty-third Annual Meeting of the Massachusetts Eclectic Medical Society will be held at the Revere House, Boston, Thursday and Friday, June 7th and 8th, 1883, at 10 o'clock, A. M. Orator, Nathaniel Jewett, M. D., Ashburnham. Essayists: J. M. Aldrich, M. D., Fall River, subject, "Cerebral Physiology as applied to Education"; H. G. Newton, M. D., Boston, subject, "Nerve Stimulants"; J. S. Andrews, M. D., Taunton, subject, "Infanticide"; R. A. Reid, M. D. Newton, subject, "Suspended Animation and Death and the means by whch we can distinguish them"; F. L. Gerald, M. D., Hyde Park, subject, "Maternal Impression"; J. A. Tabor, M. D., Lawrence, subject, "Insanity"; J. P. Bills, M. D., Falmouth, subject, "Poisoned Air."

The Annual Election of Officers and the regular Business Transactions will occur on Thursday. Annual Address, Friday, at 1 o'clock P. M. Annual Dinner at 2 o'clock P. M. By order of the President.

A. L. Chase, M. D.

Randolph, May 19th, 1883. Recording Secretary.

THE STATE ECLECTIC MEDICAL AND SURGICAL SOCIETY OF MICHIGAN.

The State Eclectic Medical and Surgical Society of Michigan, will hold its Seventh Annual meeting in Mechanics Institute Hall Kalamazoo, Mich., commencing on Wednesday, May 23, and continue in session two days.

In the conduct of the meeting the following programme will be adhered to as far as practicable:

WEDNESDAY.

AFTERNOON SESSION.

Call to order at 1.30 o'clock P. M. Prayer.
Opening addresses. President's address.
Calling roll of officers and members.
Reading minutes of last session.
Receiving and referring applications for membership.
Secretary and Treasurer's report.
Business—Unfinished and new.
Papers on Surgery, Specific Medication, Diphtheria, an Scarlatina—Discussion of Papers—Reports from members as called from roll.

EVENING SESSION.

Calling roll of members.
Reading minutes of last session.
Report of Board of Censors.
Report of Finance Committee.
Report of Publishing Committee.
Business—Unfinished and new.
Papers on Gynæcology, "Bright's Disease," Typho Malarial Fever, Metria Contagion and Gout—Discussion of Papers—Reports from members as called from roll.

THURSDAY.

MORNING SESSION.

Calling roll of members.
Reading minutes of last session.
Reports of Censors and Committees on Legislation and Popular Department.
Business—Unfinished and new.
At 10. A. M. election of Officers—Papers on Vaccination, Medical Flora of Michigan, Iritis, Diabetes, Supporting vs. Depleting Treatment—Discussion of Papers—Reports from members as called from roll.

AFTERNOON SESSION.

Call roll of new officers and of members.

Reading minutes of last session.
Installation of Officers.
Resolutions and Business.
Paper on abuse of opiates, Regulating the Practice of Medicine' Instrumental Delivery, Scrofula, Cholera Infantum, New Materia Medica, State Medicine and Benefits of Medical Societies, Discussion of Papers. Adjournment.

The indications are that we shall have a large turn out and a very enjoyable time. Let no member fail io be there or to bring in a candidete for membership.

H. S. McMaster, Secretary. E. Blackman, President.

Dowagiac, Mich., May, 18th, 1883.

SELECTIONS.

THE ANTEGENETIC DISCOVERY OF FŒTAL SEX.

Medical scientists have hitherto greatly relied upon the ascertained rate of pulsation of fœtal hearts as a means of an antegenetic discovery of the sex of the child. (The term antegenetic conveniently embodies the idea "before birth," and is homologous with the word antenuptial.) But the method is admittedly unreliable, even to the most accomplished ear, and the object of observation itself gives rise to so many fallacies that any conclusion drawn from it must be, to a great extent, conjectural.

There is, however, a common expression as to the manner of "carrying" the child—the external appearance during gestation—which has not received the attention which I believe it deserves. Simply stated, the form of the abdomen is a great means of diagnosing the fœtal sex, and is, after a little training of the eye on the point, less open to fallacy, though *ex facie* more so than the counting of the cardiac pulsations. Briefly formulated, if the form of the abdomen be conoid and projecting (child carried in front), the child is male; if the form be more flattened and rounded (child carried round about), the child is female. The manner of gestation must be observed personally; no statement of the patient is to be absolutely relied upon. Absolute size of abdomen I do not now notice to have much bearing on the question, save as a guard against occasional cases of plural birth.

These principles have been put to a practical test in the course of the last twelve cases of labour which I have attended, and with the following results:—In two I could make no prediction, owing

to the children having entered the world almost simultaneously with my entering the room; in a third (which I delivered for a midwife with the indicating axis-traction forceps), it was a matter of greater concern to see the sex of the child than to predict it, especially as the conditions for prediction were unfavorable. The remaining cases were those of eight multiparæ and one primipara, who gave birth to seven male and two female children, all cases of single pregnancy it will be seen, and all were head presentations. As to time, one was three weeks, another four days before, and the remainder in the course of the first stage of labour. Position and dress have, in most cases, no great influence on the result. I have reason to believe the method applicable to breech presentations, and to a period of at least two months before delivery. I positively diagnosed the sex of seven of the nine, but was more guarded in the cases of two of the multiparæ, to whom I "expressed the opinion" that the children would prove to be males. They were males, so that I was correct in all the cases where there was any ground for judgment. My reasons for less confidence in the two cases mentioned were, in the one, and habitually small parturient projection, but the patient remarked that "she carried this one more in front than the last," which was a girl; and in the other a rather indefinite conoid shape, due to abdominal obesity, which is a source of occasional indetermination. In the latter case the fœtal heart was 144 in the interval of a pain; in the former I did not auscultate.

As yet I have not even constructed an hypothesis to explain the facts, but further clinical observation may give rise at least to a theory. And this observation may be very well made and recorded by using a strip of pliable metal, such as lead, for the purpose of obtaining an outline of the abdomen in the plane passing through the spinous process of the second lumbar vertebra and umbilicus, and a tracing of the abdominal curve between the xiphoid cartilage and the pubis.—Dr Macdonald in *Lancet.*

A CASE OF ADIPOCERE.

The *Cincinnati Medical News* vouches for the following: "There is on exhibition in Cincinnati, at the present writing, the body of a woman who died in 1859, near Dupont, Indiana; and, after remaining in the grave until last November, for a period of *twenty-three years*, her grave was opened, that her remains might be reinterred in the Wesleyan Cemetery, near Cincinnati. She was the mother of a Mr. Robert Leitch, of the printing works, 12 West Eighth Street, Cincinnati. When the coffin was reached, in the process of disinterring, although made of

common poplar, not a durable wood, it was found in almost perfect condition, the wood seeming to be firm and solid. When lifted from the grave the immense weight was remarked. On reaching the depot in this city, it required six men to lift it from the car to a wagon. A glimpse at the interior, showed the cause of the great weight. The body was found to present a normal form and shape; and, although black, the outline was almost perfect. There was the head, with its sunken eyes, withered nose and chin, hair along the edge of the forehead; the body flattened, and somewhat spreading; the upper part of arms lying alongside of the body, and the lower portion of them with the hands placed across the body. The arms and hands, as they lie across the body, indent it. Only the bones of the fingers are remaining. The abdomen is consierably flattened, the sides bulging considerably. The mammary glands of the breast are easily outlined. The thighs and legs preserve their contour, but seem enlarged. The blackened appearance is caused by the burial garments adhering closely to it, their fibres being easily distinguished. The present weight of the body, we understand, is abont five hundred pounds. The deceased, when living, weighed about two hundred, and was seventy-three years old.

HOW TO GIVE SANTONIN.

Lewin finds fault with all the usual methods of administering santonin. According to him it should be given in its least soluble form, *i.e.*, in that form in which it will be the least readily absorbed, as the effect desired is not a general, but a local one. An oily solution of santonin undergoes according to his experiments performed on animals, not the slightest absortion in the stomach, so that under no circumstances is any trace found in the urine. Almost any kind of oil may be employed, cocoa-nut oil, olive oil, cod-liver-oil, or castor-oil. He recommends that three grains ot santonin be mixed with two ounces of oil and given in four doses. He thinks that a useful addition to the above would be that of an oil contained in santonica, the oleum cinæ æther., for the reason that all ethereal oils have been shown to act as poison on the lower forms of animal life.

RENAL INADEQUACY.

Under this title, Dr. Andrew Clark (*British Medical Journal*, February 24, 1883), describes a class of cases which, in some measure, he ventures to separate entirely from Bright's disease, in which the kidney, without any sensible alteration of structure

that modern means of investigation will enable us to determine, cannot produce a healthy urine. Such kidneys produce a urine which, assuming the quantity to be a quantity of health, is low in density, and is deficient in solid constituents, principally the constituent of urea and its congeners. This condition may be regarded as a very early stage of Bright's disease, but the writer thinks it of practical value to recognize by a distinct name a state which may remain as it is during the whole period of life, which is nevertheless capable of removal, and which if unnoticed may lead to serious injury to the patient.

Such patients are characterized by three things particularly: 1. By a curious inability to properly repair damages done to them either by accident or by disease. 2. They not only repair damages slowly, but are peculiarly vulnerable; they catch cold, for example, easily, and get rid of it wtth difficulty. 3. One can never be sure of the result of the performance of an ordinary surgical operation upon them; they die from a simple operation by hemorrhage, or have an ordinary abscess opened and become pyæmic.

Dr. Clark says that he knows of no symptoms in the early stage whereby these cases can with certainty be detected. In general, however, he states that "when you get hold of a patient who is ill, suffering from dyspepsia or nervousness, having headaches, and complaining of malaise and weakness, who cannot sleep well, who cannot do his work very well, examine his urine, and if you find that the urine is low in density you had better proceed a little further, and be very precise, and get the urine of twenty-four hours, and if you find that it is under fifty ounces in quantity, that it has not a specific gravity of 1010, and that the urea in it is deficient in amount—under two per cent.—then, whether there be albumen in the urine or not, whether there be any casts or not, whether there be granular debris deposited or not, you may know with certainty that the kidney is not doing its duty."

It may not be that this defect is the cause of the patient's ill health, but if it is found in addition that an increase of food makes the patient worse, and that, within certain limits, a diminution of food makes him better, there need be little doubt of it. As these cases of renal inadequacy progress if they be not well managed, that is, if the management be not adjusted to the fact that they are chimneys being choked, and that a roaring fire cannot be kept on, they develop exceedingly characteristic symptoms, symptoms so like those observed in myxœdema that they can scarcely be distinguished. Dr. Clark cites two autopsies on patients who presented the symptoms of renal inadequacy, one in

the earlier, one in the later, stages, in which none of the gross appearances of renal disease were present.

In the way of prognosis it may be said, in regard to these cases, that if care be taken, if compensation be made for the defective kidney, they probably may go on indefinitely, that is, they may reach the full term of life allotted to man.

Treatment should consist in close attention to simple physiological laws and careful adherence to such rules in regard to diet, clothing, temperature, and exercise as are generally laid down for chronic albuminuria.

MENTHOL VERSUS PAIN.

When the temperature of the oil of peppermint is lowered sufficiently it deposits small, colorless, prismatic crystals. These are called peppermint camphor, or menthol. Menthol is only slightly soluble in water, but dissolves readily in alcohol and ether, and in oils both fixed and volatile. Until lately it has not been used in therapeutics, but strong oil of peppermint painted over the part has long been a favorite mode of treatment in China for gout and neuralgia. Menthol has antiseptic properties similar to thymol.

In a letter to *The Lancet*, Mr. Macdonald, a student at Edinburgh, records the use of menthol in a solution of one part to sixty of rectified spirits, in cases of facial neuralgia, and writes, "relief was had in from two to four minutes, and within one or two minutes at most, after this, the then existing attack was cured." He also recommends the application of the crystals on cotton wool in cases of toothache. In all my cases the following formula was used:

℞.—Menthol . . . . . ʒj.
Alcohol . . . . . ℥ ss.
M.

It may be painted on the part several times daily with a camel's hair brush. No precautions are necessary in its use, except to keep the solution from the eyes. It is rather agreeable than otherwise, except when applied over a large surface it may cause a feeling of chilliness. Several of my patients now keep it always at hand, and apply it when they feel an attack coming on. One of my cases was a boy, seventeen years of age, who had suffered with intermittent fever. At the time of examination he had had no chills for several weeks, but since they had ceased he suffered with severe pains over the spleen, from which he was never entirely free. The spleen was found to be enlarged. He was told to paint the side with tincture of iodine. In a few days

he returned saying the pains were no better. Menthol was then prescribed. A few days after the pain had entirely disappeared. Another case is of a lady who has had facial neuralgia for several years. She has tried many drugs, including chloral hydrate, bromide of potassium, quinine, and chloroform liniment externally. She is always benefitted by quinine. During the last attack she used quinine, and also menthol. She recovered more rapidly than from former attacks, the pain disappearing in a short time. She was surprised herself at the rapidity of her recovery.

In addition to the above I have used menthol in cases of lumbago, facial neuralgia, fugitive chest pains of pulmonary phthisis, intercostal neuralgia, pleurodynia, gastralgia. In all the cases in which internal medication was beneficial, menthol seemed to hasten its action; in some cases in which both external and internal remedies had been without avail menthol gave relief. In some cases it has failed, but I have been surprised to see that sometimes very obstinate cases have yielded to its influence. It has acted well where tincture of iodine, chloroform liniment, and other local applications have failed. Nor in many cases is the result only temporary; the pain may return after the first two or three applications, but if the treatment be persisted in for a few days a cure may often be effected. It seems, then, that in menthol we have a drug of considerable value in some of the less dangerous but most troublesome ills that flesh is heir to.—*Medical Record.*

THE BLUE MAN OF MISSOURI.

Dr. Thomas F. Rumbold reports in the *St. Louis Medical and Surgical Journal* the following history of a patient known as the blue man of Missouri: "Mr. J. S. F——, aged thirty-three years, of Columbus, Mo. At the age of about fifteen years he took daily from five to ten drops of a solution of nitrate of silver of the strength of grs. xx. ad ℥ j. This was continued for about five or six months; at the end of this time he noticed that his face and hands were getting a peculiar dark color. The color increased for some time after he discontinued taking the silver solution. The color of the integument of his face and hands at the present time resembles a No. 2 lead pencil mark, with a light sky-blue in it. A stove merchant, who happened to see him in my office, thought that his face and hands had the appearance of being colored with a light coating of stove-polish, which is really a very good descripiton of his appearance, as the skin of the face, especially, has a marked polished appearance or a shine to it. The color is decreased during cold and dry weather, and

increased during damp and hot days. The mucous membrane lining the anterior nares, the inside of the mouth, the lips, the under portion of the tongue, the soft palate, tonsils, pharyngo-nasal cavity, larynx, and vocal cords were all colored by the nitrate of silver, so were also the membrana tympani and the sclerotic coat of the eyes. The whole of his body was more or less colored, but not to so marked a degree."

THE VAGINAL SPECULUM.

A FEW years ago the question *cui bono?* asked with reference to the vaginal speculum, would have been taken as indisputable evidence of either mental vacuity or perversity on the part of him propounding it. Until within a comparatively recent period this instrument held from the time of its revival by Recamier, such an important place among gynæcological devices that to be a gynæcologist and not have an assortment of specula, would have been considered impossible and absurd. In the history of diseases of women the affections to which the sex are prone have at various periods been assigned to different divisions of the sexual apparatus, and diflerent pathological conditions of these divisions. Thus we have the time when the ovaries were made to bear the brunt of blame, then the inflammation of the uterus was made the scapegoat, then ulcerations of the os and for over thirty long years these have been the fashion, and the patience and the long suffering of the womb, during this era, fix it as the greatest martyr of the ages. It was leeched, and burnt, and blistered, and scalded, and frozen, and otherwise maltreated as never was male or female organ, in the history of all the persecutions of the darkest ages. It was during these times that the speculum was enthroned king among the implements of torture, giving the entree to the most sacred of recesses, and *mirabile dictu*, made to seem woman's greatest benefactor. The vaginas that had not been explored by it, were only such as were guarded by gentl Hymen, and even her most emphatic protests in the name of nature, were not always sufficient to prevent the introduction of the cold metal whose entrance removed the evidence of the maiden's most sacred charm—her virginity. But the whirligig of time has brought among its strange mutations a change in gynæco-pathological fashion, and the ulcerated os is now a relic. With this change the speculum, or at least the bivalve, trivalve and the quadrivalve varieties of it, hangs comparatively mute upon the wall, and Ichabod is written on it. The human vagina is by no means no longer invaded by the gynæcologist but his implements of war now seldom comprise the speculum. The change is a

salutary one, and it is an evidence of a more advanced pathology. The profession and gynæcologists, too, are coming to regard the uterus as but a "part of the stupendous whole," and to realize the fact that it has not an independent existence. The change is the dawn of a better day.—*The Medical Age.*

THE MULLEIN PLANT.

A CONTEMPORARY contains an account of a therapeutical research into the alleged virtues of this plant in the treatment of pulmonary consumption. The Verbascum thapsus, or great mullein, is a weed found in this country, in Ireland, and the south of Scotland. In Ireland, however, it has always been cultivated on a rather large scale, in answer to a steady demand for it by phthisical sufferers; and our daily contemporaries contain frequent advertisements offering it for sale. It is difficult to imagine that this could have gone on so long unless there was some practical benefit obtained; and we therefore notice the matter in the hope that some of our readers may be induced to look into it. The inquiry was conducted in St. Vincent's Hospital, Dublin, by noting the weekly weights of consumptive patients in various stages, who were treated on mullein solely, and to the exclusion of cod liver oil, koumiss, or any other weight increaser. The mullein was given in the old Irish way, by boiling an ounce of the leaves for ten minutes in a pint of milk, straining, and administering it warm with or without a little sugar. This dose was given twice daily, and was found grateful, and after a little time palatable—much more so than either the watery infusion or the juice of the leaves. The inquiry is still progressing; but Dr. Quinlan finds that in pre-tubercular and in early stages a decided increase in weight is obtained; and the cases certainly appear to establish this. In the advanced stages the disease progressed and the weight diminished, in spite of the mullein, which, however, appeared to afford great relief to the cough and dyspnœa. Phthisical diarrhœa, moreover, when present, was completely checked by it. In phthisical perspirations it was found utterly useless, and these had to be controlled by the hypodermic use of atropia sulphate. The patients were all much gratified at the mullein treatment in which they had great faith, and this might have induced them to imagine a greater amount of relief in the advanced stages than they really obtained. Still, the increases of weight in the early stages look promising, and upon the whole, we think the subject is worth inquiry. We see by the recent Lettsomian Lecture of Dr. A. E. Sansom that extract of the convallaria majalis (the well-known lily of the

valley) has properties in the treatment of cardiac disease and dropsy equal, and in some respects superior, to digitalis. This was introduced by Professor See, who found it employed by the Russian peasantry. It is a pity that these popular remedial simples are not more looked into.—*The Medical Press*, Feb. 7, 1883.

TO PREVENT PITTING IN SMALL-POX.

Dr. Emil Steiger, of Prairie du Chien, Wis., writes: "I have perused with much satisfaction the article of Dr. J. N. McChesney, on variola, but I was surprised not to see among the remedies against pitting a simple preparation which, in three epidemics during the lost twelve years, has proved to me invariably successful. The fact that the preparation has given the utmost satisfaction in all cases where it was properly employed, including those where I only obtained charge in the vesicular stage, may justify my presumption in publishing my treatment. Take of white lead (plumbum carbonicum), quantum lib., mix with linseed oil q. s. to make a cream-like paste, add to the bulk about five to six per cent. carbolic acid, and apply with a large camel's-hair brush repeatedly, so as to keep the surface of the face, hands, etc., permanently and fully covered."—*Medical Reeord.*

PUERPERAL INFECTION THROUGH EROSION OF THE NIPPLES.

The possibility of septic infection through wounds of the nipples, as well as through wounds of the genital apparatus, has hitherto received but scant notice. Professor Kaltenbach regards this occurrence as probable, arguing from the etiological relation between erosion of the nipple and mastitis, and from the beneficial effects claimed by Hausmann to follow the treatment of the fissures by carbolic acid. Spiegelberg has shown the possibility of mastitis arising from infection through the nipples and openings of the lacteal ducts. Kaltenbach goes further, and regards every case of mastitis as of septic origin. The necessity of the greatest possible cleanliness of the mouth of the child, the hands of the nurse, and the nipple itself is self-evident.—*Deutsche Med. Zeitung*, March 1, 1883,

INSPECTION OF THE THROAT WITHOUT INSTRUMENTS.

Dr. Samuel W. Francis, of Newport, R. I., writes that very often it is difficult to depress the tongue of a patient who is suffer-

ing from sore throat, diphtheria, follicular tonsillitis, or other affections of the fauces, etc., and suggests that they be told to open their mouth, in front of a good light, and simply, but with force, say: *Arh! Barrh!! Varrrst!!!* LIFE—enunciating each word some few secouds. Dr. Francis has tried this, and not only obtained an excellent view, but the different positions of the uvula and surrounding parts, greatly assisting the diagnosis and treatment of the disease.—*Medical Record.*

TREATMENT OF FERUNCLES.

IT is well known to-day that the matter of furuncles is inoculable spontaneously, and it is considered that this spontaneous inoculation is encouraged by the softening of the epidermis from the employment of the poultice so often used in this affection. The primitive boil becomes thus the point of departure for secondary ones, which manifest themselves in the neighborhood. To prevent this inconvenience M. Labbe had the idea of employing successively for the dressing of furuncles a solution of chloral or phenic acid, but he perceived that this dressing, which was undoubtedly antiseptic, did not hinder the softening of the epidermis; it was thus he had recourse to collodion, a layer of which he placed around the furuncle. The result answered to his expectations, for no secondary evil appeared. M. Pasteur discovered the microbe of the furuncle, which he found situated at the summit of the pustule. However, it will be borne in mind that secondary evils do not always depend on auto-inoculation, but often are the result of a diathesis at present not well understood.—*Medical Press and Circular.*

OPERATIVE MEASURES IN ACUTE PERITONITIS.

DR. REIBEL relates the case of a child, eight years of age, suffering from acute idiopathic peritonitis. The disease having resisted all treatment and the child being apparently about to die, it was determined to open the abdomen with a view to removing the fluid and washing out the peritoneal cavity with a solution of carbolic acid. The meteorism was intense. No fluid was found in the abdominal cavity. In prolonging the incision, a loop of intestine was punctnred, as evidenced by the escape of gas and and intestinal fluid. The wound was washed with carbolic acid and covered with a layer of antiseptic cotton. The following day the little patient was nearly free from pain and was able to retain a little milk. The temperature had fallen from 104° to

101° and the tympanites was almost entirely relieved. The loop of intestine was adherent to the abdominal wall, and there had been no escape of fluid into the peritoneal cavity. The patient made an excellent recovery. Inspired by his success in this instance, Dr. Reibel formulates the following rules for the surgical treatment of peritonitis in cases where life is threatened by an extreme degree of tympanites: 1. Open the abdominal wall by an incision about an inch in length. 2. If adhesions have formed between the two layers of the peritoneum, make a little puncture in the presenting loop of intestine. 3. If there are no adhesions cover the wound with a carbolized compress and wait a few hours until adhesions form, before opening the gut. 4. In the latter case, if the meteorism be urgent, a few punctures may be made with a fine trochar at once. The author does not regard the puncture of the intestine through the abdominal wall, as ordinarily practised, as of much utility. He thinks that the intestinal walls have lost their elasticity through over stretching and cannot expel the gas through a fine canula.—*Journal de Medicine de Paris*, February 17, 1883.

IMMUNITY OF ANIMALS FROM SYPHILITIC INOCULATION.

Professor Neumann has made a number of attempts to inoculate animals with syphilis, but without success. The experiments were made with the greatest care, the virus being taken directly from the diseased person and introduced into the body of the animal. The animals experimented upon were kept under observation for a considerable period of time after the inoculation. In no case did any results obtain other than those which would naturally follow the introduction of an irritating material into the tissues. Nothing that bore any resemblance to a chancrous tumor was observed. The animals employed in these experiments were three apes, three rabbits, a horse, a hare, a white rat, a marten, and a cat. The total number of inoculations was fifty-four. Neumann concludes from these experiments that we must regard syphilis as distinctly a diease of of man.—*Med. Central-Zeitung*, January 24, 1883.

PLACENTA WEIGHING THREE POUNDS IMMEDIATELY AFTER EXPULSION.

The patient was born on an English vessel in the Atlantic Ocean, thirty-two years ago. Her previous history presented some points of unusual interest. During her girlhood she had

always been delicate, was easily fatigued, suffered much from intense headaches, pains in her back, loins, and thighs; had a constant profuse leucorrhœal discharge, but *never menstruated.* Her mother, becoming alarmed at the absence of this function, consulted many physicians, who prescribed iron, quinine, and various other tonics, but all to no purpose. Although having never experienced a single monthly flow, she married at the age of nineteen, and bore her first child one year later, the weight of which was pronounced by the attending physician to be twelve pounds. Several months after this birth, the patient noticed that her leucorrhœal discharge increased in amount, once monthly, emitted an exceedingly offensive odor, and, as it issued from the vulva, presented a rust-colored appearance. These peculiar discharges occurred during a period of about eight months, when she again became pregnant, and was delivered in due time of her second child, whose weight, she says, was fifteen pounds. A third, fourth, fifth, sixth, and seventh birth occurred at intervals of little more than one year, the product of each being unusally large children. Her eight confinement took place in November, 1881, when Dr. Romaine delivered her of a still-born child in an advanced state of putrefaction, the weight of which, taken immediately after birth, was ten pounds. Following this birth there was a period of seven months during which the patient enjoyed fairly good health, and the last four months of which she had a regular monthly flow having a duration of three days. This, she said, was the first time in her life that she had her courses as other women have them. She again became enceinte, for the ninth time, and was delivered by Dr. Romaine of her ninth child, with the forceps, March 23, 1883. The weight of this child was seven pounds, while the secundines, immediately after expulsion, weighed three pounds.

Remarks.—The case is interesting with reference to four points:

First.—Postponement of menstruation uutil several months after the birth of the first child.

Second.—Menstruation occurring only twelve times in twelve years.

Third.—Birth of nine children during a period of twelve years.

Fourth.—Placenta weighing three pounds while child weighed but seven pounds.

SPONTANEOUS GANGRENE IN A YOUNG SUBJECT.

A YOUNG man, twenty-four years of age, of healthy appearance, entered the Charite Hospital, suffering from gangrene of

the lower extremity. The lower part of the left leg for about three inches above the malleoli was of a livid hue. The foot was of a purplish black color, and the skin upon the dorsal surface was raised in a dark bleb. The temperature of the foot was 72°, while that of its fellow was 96°. Sensibility of the affected member was lost. At the commencement of the trouble there was some fever and anorexia. But this soon passed away, and with the return of appetite the general health seemed good. The origin of the affection was obscure. There was no history of traumatism, but the patient stated that a few months previously he had been obliged to work while standing on the wet ground. About six or eight weeks before his admission to hospital he began to feel a sensation of numbness and formication in the left leg. Soon afterward he found that he was unable to bear his weight upon this limb. The patient appeared to be in excellent general health, and no dyscrasia was discoverable to account for his condition. Examination of the urine gave negative results. By way of exclusion, Dr. Berger was led to attribute the gangrene to an acute arteritis, induced by the prolonged action of damp cold to which the patient had been exposed.—*Gazette des Hopitaux*, No. 14, 1883,

DIET AND RESISTANCES TO INFECTION.

Professor Feser, of Munich, has been making some examinations on animals, with a view to establishing the connection believed to exist between diet and the liability to infection. In the trials he has made on rats inoculated with the poison of cattle distemper, he demonstrated the fact that the animals which had been fed upon a vegetable diet were quickly attacked by the disease, while those which had been fed exclusively on meat resisted the effects of the inoculation. In recording this fact, a leading English journal in connection with the European leather trade, attributes to the greater amount of vegetable diet, in the shape of bread, beer, etc., taken by wool-sorters between Saturday and Monday the greater frequency of cases of outbreak and the aggravation of disease during this period. We fear that the above theories will not hold good when widely applied to man.—*Medical Record.*

DISINFECTION OF THE STOOLS IN TYPHOID FEVER.

The importance of the thorough disinfection of the stools in typhoid fever is, to those who believe in it at all, so great, and its practical results in the control of the extension of the disease are

so manifest aud direct, that any additional data as to the best methods of employing disinfection cannot fail to be of interest. On the other hand, there are quite as many other physicians to whom the subject appears to have no importance whatever. These latter either do not believe in the necessity of the disinfection of enteric fever stools, or else they regard it as of so slight moment that it matters not practically whether it be attended to or not, or, finally, whilst professing to recognize its importance, they adopt in practice imperfect or incompletc measures to accomplish it. Indeed, it may be regarded as the exception to the rule, rather than the rule, both in private practice and in hospitals, to systematically and thoroughly disinfect every stool, even in well-characterized cases of typhoid. Both of these classes of physicians will be interested in a peper on this subject published by Dr. James C. Wilson, in the *American Journal of the Medical Sciences* for April, 1883. He shows that although the nature of the germ that gives rise to enteric fever is unknown, many facts in its natural history are established by abundant proof. Of these the following have a direct bearing upon this subject: 1. It is invariably derived from a previous case of enteric fever. 2. It is eliminated with the fecal discharges. 3. It is not capable of producing enteric fever at once in susceptible persons exposed to it, but must undergo changes outside the body before it acquires this power. 4. It retains its activity in favorable situations for a lengthened period, the requirements to this end being decomposed animal matter, especially fecal discharges, and moisture. 5. In such situations it is capable of reproducing itself.—*Medical Record.*

OVARIAN CYST CURED RY INJECTION OF WINE

Dr. Pedrini (*Gazz. Med. Ital. Lomb.*) gives the details of this case: The patient, thirty-nine years of age, was seized, after a day's washing in cold water, with acute pain in the abdomen. A few days afterward a small movable lump was noticed in the left ovarian region. The lump steadily and slowly increased for fourteen months, when it suddenly became much larger, threatening to prove fatal by asphyxia from the pressure it caused. The lungs were congested, with diffused bronchial catarrhal sounds, and the lower limbs were œdematous. The patient was very emaciated. A large trocar was thrust in at the lower third of a line drawn from the umbilicus to the anterior inferior iliac spine; seventy-two litres of a serous citrine-colored liquid were gradually withdrawn. A litre of white wine was then injected through the canula, and allowed to remain for an hour. There was sharp reaction and fever, which for a week

imperilled the patient's life. She, however, made a good recovery and regained entirely her former good health, witn no sign of the return of the tumor (after six years).—*Medical Record.*

FEVER DEPENDENT UPOM FECAL ACCUMULATION.

A RISE of temperature is often observed in women after childbirth or ovariotomy, which subsides after a free movement of the bowels. In addition to the fever there are frequently symptoms of peritoneal irritation—pain on pressure, meteorism, elevation of the diaphragm, cyanosis, and rapid pulse. To explain these symptoms, Dr. Kustner instituted a series of observations upon women after ovariotomy (*Zeitschrift fur klin. Medicin*, vol. v.). He found that the temperature rose when the fecal matters had passed into and distended the rectum. By reason of increased peristalsis and from direct pressure of the distended rectum, the wounded surfaces were disturbed and a resorption of the secretions induced. This gave rise to fever. Perhaps also the retained fæces caused a more rapid decomposition of the secretions. The same explanation will answer also for similar conditions in the puerperal state, and the author asserts that peri-uterine exudations are often due to the same cause.—*Medical Record.*

UMBILICAL HERNIA OF A PART OF THE STOMACH WALL.

A BOY, thirteen years of age, had a tumor, about the size of a walnut and of a bright red color, at the navel. It was covered with mucous membrane, which secreted, upon being handled, a viscid fluid of acid reaction. The tumor, which was attached to the umbilical ring by a slender pedicle, remained always of the same size and was irreducible. No opening into the interior could be discovered. The mother stated that the cord had been of great thickness, and, near the navel, was funnel-shaped. It was ligated very close to the body. When the end came away the tumor was noticed. There had never been any food or fecal matters discharged from the navel, nor did the secreted mucus ever have a fecal odor. The pedicle was cut through, and the wound rapidly cicatrized. Dr. Tillmanns, who reported the case (*Centralblatt fur Chirurgie*, March 3, 1883), believed it to be an ectropia ventriculi. He stated that the secretion possessed the power to digest fibrin, and further, the microscopical examination of the tumor showed it to be composed of gastric mucous

membrane from the neighborhood of the pylorus. The portion of prolapsed stomach was cut off with the umbilical cord, this little piece being at the distal end. The opening into the stomach was closed probably at the time of birth.—*Medical Record.*

ANGINA PECTORIS SUCCESSFULLY TREATED WITH NITRO-GLYCERINE.

Dr. Jacob Frank, of Buffalo, N. Y., relates the history of a married woman, aged thirty-one, mother of three healthy children, who had for six years suffered intensely from attacks of angina pectoris. Dr. Frank does not say whether there was any organic heart trouble. She was treated with morphine and various other remedies, but without success. Dr. Frank at first applied the faradic current over the pneumogastric, and got relief. During the next attack, however, this failed. The patient was then put upon nitro-glycerine, *m*j. of the one per cent. solution gradually increased to *m*vj., t. i. d.; then decreased. The patient has had no further attack. Dr. Frank writes: "During the course of this treatment a rather cnrious phenomenon occurred. After she had been taking this nitro-glycerine for about six weeks, aphthæ broke out on the tongue, mouth, aud fauces. The medicine was stopped, and these ulcers treated with borax, etc., after which the treatment was again resumed." Dr. Frank gives the usual explanation of the curative action of the drug.—*Medical Record.*

THE CAUSE AND CURE OF CHOLERA INFANTUM.

Dr. A. E. Walker. of Mount Liberty, O., sends us some judicious criticisms upon "Henoch's Lecture on Cholera Infantum," published in "Wood's Library of Standard Medical Authors, for 1882." Dr. Walker believes that high temperature is not given its proper importance as a cause of disease. "One other fault that I find in his lecture is that his cases of cholera infantum appear to have assumed a chronic form (figuratively speaking). He says that when we are called to see a patient suffering an attack of cholera infantum on the second or third day of the disease, we can administer such remedies as he indicates. Now, in this part of the world (it may be entirely different in Berlin) a phyician is scarcely ever called upon the second or third day after the attack has begun, unless it is for the mother of the babe who is suffering from nervous shock caused by the sudden death of her child. As I understand cholera infantum, it is

very sudden in its onset and the majority of cases die within thirty-six hours if left to the curative efforts of nature."

Dr. Walker thinks that Henoch's treatment would be valueless in a vast majority of cases. He recommends in the place of it, the plan adopted by professors D. N. Kinsman and Pooley, of Columbus, O. These gentlemen commend injections of ice-water, cold compresses to abdomen, and in addition to this Dr. Pooley advises the use of sub. nit. bismuth in the following doses: he takes enough bismuth to make a tolerable thick cream, using aqua dist. as the vehicle; of this he gives from one half to one teaspoonful about every four hours, until choleriform discharges ceases.

Dr. Walker writes: "This plan of treatment, I believe. is destined to become the treatment *par excellence* in cases of cholera infantum.

PERCUSSION OF THE COLON IN DIARRHŒA.

Diarrhœa depending upon fecal accumulatious in the lower bowel (*diarrhœa parodoxa*) is a well known condition, the treatment of which by laxatives is of long-recognized utility. The diagnosis, however, between this form of diarrhœa and that other whose location is, more strictly speaking, in the small intestine, has often presented considerable difficulty. In an article upon this subject, in the *Deutsche Medicinischce Wochenschrift* of February 14, 1883, Dr. Goedicke advocates the systematic practice of abdominal percussion in all cases of diarrhœa. He was led to adopt the practice in this wise: Several years before, when a young army surgeon, his suspicions were often aroused by the number of soldiers coming to him with the complaint of diarrhœa. In order to detect the malingerers, he made use of percussion of the colon, reasoning that in genuine diarrhœa the descending colon should be empty, and therefore give a tympanitic percussion note. He was surprised, therefore, to find that the contrary was usually the case. In most of the men in whom diarrhœa actually existed, as was ascertained from the reports of the infirmary orderlies, the percussion note of the descending colon was dull. The investigations now undertaken led him to the following conclusions: 1. In a healthy individual, with normal movements, if we percuss the colon, we shall find that the left iliac fossa usually gives a flatter note than the right. 2. In patients suffering from diarrhœa the greater dullness may be on either side, but is usually, in otherwise healthy persons, on the left. 3. The same condition obtains in children. 4. Whenever there is tenderness on pressure, it is found on the same side as the greater dulness. 5. The term "dulness" is to be understood

as relative and not necessarily absolute, for the percussion note on both sides may be actually tympanitic if the colon be distended with gas. The author asserts that by far the more common form of diarrhœa is that excited by fecal accumulation in the large intestine. It is this variety that is characterized by increased relative dulness in the left iliac fossa, and in which opiates and astringent remedies are contra-indicated. In the other form of diarrhœa the trouble is in the upper bowel, and here the percussion note upon the right side is more dull, or less tympanitic, than that on the left. It is in these cases that the ordinary diarrhœa medicines find their application. Dr. Goedicke concludes by urging the practice of abdominal percussion in every case of diarrhœa. where possible (it is always possible in children, and it is in children that the knowledge of the true nature of the trouble is of the greatest importance). And he states his conviction that the more general this practice becomes, the less frequently will opium be employed in the treatment of diarrhœa.—*Medical Record.*

DISTENTION OF THE STOMACH BY CARBONIC ACID GAS AS AN AID IN DIAGNOSIS.

The more frequent employment of this long-recognized method is advocated by Dr. Rosenbach as a means of determining more definitely the situation and character of tumors of the stomach and neighboring abdominal organs. He claims that we can by this means ascertain exactly the position of the stomach, and can determine the size and location of tumors of this organ. The borders of the liver and the gall-bladder are rendered more distinct. Tumors of the spleen can be more readily diagnosed and differentiated from those of the kidney. And lastly, we can study better the pulsating painful tumors met with at times in the abdomen. The author states that such tumor is, in most cases, the head of the pancreas pushed forward by the dilated aorta. When the stomach is distended the tumor disappears, showing that it lies behind this organ.—*Schmidt's Jahrbucher*, Febuary 27, 1883.

INFLUENCE EXERTED BY VARIOUS AGENTS UPON DIGESTION.

From a series of experiments undertaken to determine the rapidity of the digestive process in the stomach under varying circumstances, Dr. Fleischer deduces the following conclusions: A pint of cold water, taken with the meal, exerts no influence

upon digestion. A quart retards it somewhat, and the drinking of three pints causes a considerable retardation of the process. Walking several hours at a tolerably rapid gait, lengthens the period of digestion. Hot poultices applied after eating materially hasten the process. Cold, in the form of ice-bags over the gastric region, produces no effect. Dilute hydrochloric acid and pepsine produced no effect upon digestton, either in healthy individuals, or in patients suffering from dilatation and catarrh of the stomach. These remedies in combination with hot poultices over the stomach accelerated the process of digestion.—*Allgem. Med. Central Zeitung*, No. 61, 1882.

TREATMFNT OF NEURALGIC METRORRHAGIA.

Uterine hcmorrhage, occurring in connection with lumbo-abdominal neuralgia, is a condition which is pretty generally recognized, and one for which treatment is, as a rule, unsatisfactory. A writer in the *Revue Med. Chir. des Mal. des Femmes* claims to have employed with success the tincture of aconite in repeated doses. The only indication for its use is the establishment of a relation between the neuralgic exacerbations and the return of hemorrhage. Even in cases depending upon actual lesion of the uterus, the writer asserts that we can always obtain a favorable remission, if not a permanent cure. The tincture is given in drop doses, in a teaspoonful of water, every fifteen minutes for six hours. No food is to be taken in the meanwhile. On the following day, if the symptoms are ameliorated, the aconite may be repeated in the same dose. If there is no improvement the dose is to be doubled. The maximum daily dose necessary to arrest the hemorrhage is said never to exceed forty-five to fifty drops. But this is an amount of aconite that might give rise to serious symptoms, and the effects of the drug should be very carefully watched.—*Medical Record.*

Climacteric Dyspepsia.—Mr. Prangley, in the *British Medical Journal*, describes a form of dyspepsia which he terms climacteric. It occurs in women between the ages of forty and fifty. The symptoms are those of great nervous depression, with pain on the top of the head, noises in the ears, hot flushes and chills, with curious sensations in the abdomen. The dyspeptic symptoms are those of precordial distress, with palpitation, costive bowels, coated tongue, and foul breath. The treatment consists of the administration of bismuth, bicarbonate of potash, and ammonia, adding valerian if the nervous symptoms predominate, followed by quinine, strychnia, and dilute nitro-muriatic acid.

EDITORIAL.

"In things essential, unity; in things doubtful, liberty; in all things, charity."

DEAD DRUNK OR DYING?

A SUIT to recover damages for false imprisonment has been entered against the chief of police of Hartford, Conn., by an old and influential citizen of Granby, in that State. He came to the city with a load of tobacco, on top of which he rode, and by a jolt of the wagon was thrown off, striking upon his head, and stunning him temporarily. He was taken to the police station and locked up on a charge of drunkenness. He is one of the most respected citizens of Granby, has been strictly temperate for more than fifty years, and is a deacon in the church. Similar instances may be found in the columns of almost any large daily.

If a man is found unconscious in the street, or becomes so on a convivial occasion, he is ordinarily either intoxicated, narcotized, or suffering from cerebral hemorrhage, and the onlookers usually regard themselves fully competent to decide which, especially if the breath betrays the odor of alcohol or laudanum, and sometimes to direct treatment, while the knight of the blue coat and brass buttons, who usually looks upon every man as an escaped or unconvicted criminal, until he is proven innocent, decides the nature of the case with all the readiness of an expert, and proceeds to apply counter-irritation (with his billy) or massage, if the unfortunate man revives sufficiently to offer any resistance. If, however, a physician be called to the case, he, will not by any means, always find it an easy matter to arrive at a speedy and correct diagnosis. There are several points which he may consider, and which will aid him to a conclusion.

Opium or some one of its preparations is generally the drug used, if the case be one of narcotism, and the face will then be pallid and the skin relaxed, and covered with a cold, clammy sweat, while in intoxication it will be warm and purple, and the face congested and swollen. In cerebral hemorrhage the cutaneous surface will be warm, and the face pale, unless the effusion be very small, while the facial paralysis, shown in the distortion

of the features, will indicate the nature of the case. The pupil affords considerable information, being strongly contracted in opium poisoning, but dilated in alcoholism, and dilated and often unequal in apoplexy. The respiration in drunkenness is generally noisy and full—but in cerebral hemorrhage it is usually more than that, "stertorous," and accompanied by a drawing in or flapping of the cheeks, while in opium narcosis the breathing is slow, shallow, and sighing in character. Due attention being given the attending circumstances regarding age, (hemorrhage is not common under forty) clothing, social condition, etc., and the above symptoms being fully considered, a diagnosis can generally be made. In opium narcosis it may be made with certainty. It does not follow that the patient is intoxicated because the breath gives off the odor of alcohol, and so in a case of doubt, between alcoholism and apoplexy, the hemorrhage being so small as not yet to cause perceptible paralysis, a positive opinion should be reserved. It is much better to do this than to suffer the mortification of making a mistake, and the patient should in such a case be treated symptomatically and on general principles.

ADMINISTERING ANÆSTHETICS TO WOMEN WITHOUT WITNESSES.

This subject has been written upon time and again, and physicians have been repeatedly warned not to give an anæsthetic to anyone, but in especial manner to avoid using them with females, unless a witness be present. Yet the advice is too often unheeded, and the unfortunate results of this negligence come every now and then to our notice. Not long since an old and highly esteemed physician was visited by a beautiful young lady for treatment for some sexual disorder. She belonged to the blue blood of the city, while the physician had been her grandparent's attendant, had been the family physician, and had been present at the time of her birth. On one of her visits he informed her that a slight operation was necessary, and induced her to take an anæsthetic. Subsequently, not improving, she consulted another physician, who told her that she was pregnant, and in due time a child was born.

No attempt at concealment was made on the part of the lady, and soon after, legal action was begun against her old doctor. Though publically denying the charge made, he refused to do so

under oath, and the jury immediately returned a verdict assessing the damages at $50.000. It would seem to have been in accord with public opinion, for the verdict was received with the most open manifestations of approval, even the judge descending from his seat on the bench to shake hands with and congratulate the unfortunate young lady. The doctor tried to play the part of injured innocence, and protested against "being made to bear the burden of another's sin." However an innocent man would have been apt to swear to his innocence. In any case, guilty or not, the case is a sad one. It is ruin to both.

It should be made a rule, never to be broken, to absolutely refuse to give anæsthetics to any woman alone, no matter what the collateral circumstances may chance to be. Women are peculiar and unreliable, especially when the victims of disease, and there is no accounting for the strange notions they may sometimes get into their heads; and no physician is surely safe from serious trouble who has passed a period alone with a woman who has been made unconscious by an agent administered to her by him.

SUMMONS.

NATIONAL ECLECTIC MEDICAL ASSOCIATION. } ss.

To the members of the National Eclectic Medical Association.

GREETING: You are hereby severally and collectively enjoined to set aside all professional engagements, and all manner of business, excuses, and delays, whatsoever, and to appear in *propria persona* at the annual assembling of the Association at the State House, in the city of Topeka, and state of Kansas, on the twentieth day of June, 1883, to participate in discussions, transactions, and other proposed business, or show cause why you should not be deemed guilty of a criminal neglect of opportunities. Whereof fail not under penalty of missing a delightful journey, a memorable social event, and much valuable information.

Given under the hand and seal of the Grand Secretary, this twentieth day of May, 1883.

Newark, N. J.

AT the last meeting of the Boston Eclectic Gynæcological and Obstetrical Society, Drs. Milbrey Green and R. A. Reid, were appointed delegates to the National Eclectic Medical Association, which meets in Topeka, Kansas, June 20th.

THE WAR WAGED WAXES WARMER.

The war among the doctors of the Empire State, is growing fiercer, and the partisans of the old code have just obtained a victory (?) over the partisans of the new by compelling one of the latter, Dr. J. W. Howe, to resign his position as a professor in Bellevue. From present appearances the fight will go on for some time. Arrayed on one side are some of the most learned and able physicians and surgeons of that state, and on the other side superiority in numbers and the dogged persistence characteristic of obstinate men defending a bad cause. Neither party entertains the slightest intention of surrendering, but there can be no possible doubt that, in time, the supporters of the new code will win. The defenders of the old code virtually take the ground that a person who employs an "irregular" physician is worthy of death, and no "regular" physician shall do aught, not even lift a finger, to save the felon's life, unless the latter repents and turns his irregular accomplice, or partner in sin, out of the house.

The advocates of the new code have the unblushing effrontery to propose that a "regular" physician may, with the view of saving the life of a patient who has employed an eclectic or homœopathist, meet the latter and listen to the revolting recital of the treatment which the patient has undergone. The partisans of the old code are not, as might be supposed, men who prefer to indulge their own prejudices, even at the cost of sacrificing the lives of their fellow men. On the contrary it fills them with anguish to see any person suffer or die without their assistance, but such is their sense of the unspeakable wickedness of irregular medicine, that the wretches who resort to it ought to die, and no good medical citizen should interfere to prolong their miserable lives.

The best way out of the difficulty, and to secure the supremacy of those who cling to the old code, will be to procure the passage of a law making it a felony for any person willfully and knowingly to employ an "irregular." The crime should be punished, not with instant death, but with imprisonment, together with treatment by "regular" physicians. The instant the guilty person is placed under arrest he will of course be forbidden to hold any communication with his accomplice. It will then be proper for the court to consign the prisoner to the care of a "regular" physician, who will experiment upon him with calomel, jalap and other "regular" medicines until he recovers or dies. In the latter case, nothing more will remain to be done, and in the former case—if such a case ever occurs—the prisoner can be

delivered up to vivisection. Since the friends of the old code are, as they assert, eminently humane men, they will gladly support this simple and philanthropic method of crushing at one blow, the new code, and the believers of eclecticism or homœopathy.

THE NATIONAL.

As the time approaches for the next annual convention of the National Eclectic Medical Association, the occasion is opportune for a discussion of prospects, etc. There is no question about the popularity of the organization, and of the propriety of holding the coming meeting at Topeka. The only points to be considered are those of policy.

At the New Haven convocation Prof. Gunn moved "amendments" which are to be acted upon at the impending convocation. The object of the Gunn movement is to take the control of the medical colleges from the hands of the National; and to organize a college association, with power to do as it pleases, regardless of the potencies of the National organization. There are two features to be considered by thinking men; one is that the average eclectic takes an interest in the principles of the great central body, and cares little for colleges. He knows that medical colleges are hardly able to take care of themselves, and, therefore, need the controlling influence of a representative and delegated organization, such as is the National.

There should be moved a committee of five on medical colleges whether the Gunn "amendments" carry or not. The college at Indianapolis has split, so to speak, the expelled parties starting a new enterprise; the one at Des Moines has also become double headed, a disgruntled party hiring a hall and "opening up." Under these somewhat peculiar circumstances it may be best to put splitting institutions on probation till it is known which is to survive, whether the fittest or not.

It is a disgrace to eclectics that there is so much wrangling among their medical institutions; and the wholesome sentiment of the "National" should be expected to cut short these silly and stupid bickerings. Without the restraint of the central body I am afraid the proposed college organization would fail to govern itself decently.

To repeat: let thinking men consider the Gunn *amendments*, and begin to exercise an influence over those who never stop to think for themselves, but vote "yea" on everything, presuming the mover of an action had properly digested the material offered. There can be no harm in exercising a wholesome restraint over

the colleges till it be proven whether they can take care of themselves or not.

There is no propriety in legislating on medical journals. Let each publication look to its own interests. If it be well conducted it will attract patronage; if it be weak and trashy it will suffer the fate of all weaklings. The ordinary physician has the opportunity to judge of a journal by its contents, but he cannot find out the crookednesses of medical colleges.

New Haven.

A NEW HOSPITAL.

A GLANCE THROUGH A FREE INSTITUTION.

The Murdock Liquid Food Company recently threw open for inspection by the public its women's and infants' hospital, Nos. 30 and 36 Leverett street. The department for women is adapted to the accommodation of thirty-five patients, and is divided into four wards, the first being for women with female complaints, the next for those suffering with scrofulous diseases, the third for consumptives, and the remaining one is to be used as a quarantine. The wards are so arranged that abundant facilities are afforded for sun baths both in the forenoon and afternoon, and an extensive area in the rear enables the occupants to obtain all the out of door privileges necessary for convalescent patients. The sanitary condition of the building is of the highest order, and all of the latest improvements have been introduced in its fitting up. The infant division of the institution comprises two wards, one devoted to orphan infants and the other to babies afflicted with chronic diseases. Accommodations are afforded for forty infants in these two wards. The two upper floors of the section of the building devoted to infants will be occupied by the nurses and help, some thirty in number. The treatment is free, and any person recommended by a physician of good standing in the profession will be admitted to the hospital if there is a vacant bed. The management solicits, however, those cases that are pronounced incurable in preference to the milder ones. The hospital is open for the reception of patients one day in each week, admission by card. Among the visitors were several leading physicians of this city, who pronounced the arrangements equal to any institution of the kind they had ever visited.—*Exchange.*

"KINDERMEHL."

When the mother's milk fails or becomes unsuitable on account of illness or pregnancy, and the pecuniary circumstances of the family are such as will not admit of the procurement of a wet nurse, the important and difficult duty devolves upon the physician of deciding what the diet shall be for the little one thus robbed of its natural aliment. When we consider that the chief cause of intestinal catarrh, or other diarrhœl trouble in the young child' when not due to exposure to cold, is the use of indigestible, and therefore irritating, food, the extreme importance of the food selected being of suitable nature, properly prepared, and given in proper quantitiy, and after proper intervals, becomes apparent. As breast milk is by far the best food, during the first year of life, either in health or disease, the belief seems reasonable that the best substitute for it is cow's milk, when fresh and of good quality, since it more nearly approximates it in ingredients and chemical character than any of the synthetical preparations. Experience proves this to be a fact, generally speaking, and particularly in the rural districts where good cow's milk may be obtained at all times, and other causes of diarrhœa in infants are not operative; but in the midst of a large city whose milk supply, coming from remote dairies, is received but once in twenty-four hours, it becomes a great difficulty, often an impossibility, to keep milk in a condition suitable for use. The milk of "stall-fed" animals is always acid, aud therefore unsuitable. Cases occur, and that not unfrequently during the heated term, in which it becomes necessary to discontinue the use of milk altogether, and then recourse must be had to some one of the many chemically prepared foods many of which are of exceedingly doubtful value. Among the best forms of food in common use in this country, is Liebig's now prepared by three competant parties, Mellin, Hawley and Horlick, but in the treatment of diarrhœl maladies, it will often be found too laxative, thongh it agrees well with most children in health. In a recent case of entero-colitis in our practice, cow's milk, of undoubted quality, was so imperfectly digested, and passed the bowel so quickly, that we were compellcd to discontinue its use. We tried in turn condensed milk, the food alluded to above, and others, but with no success. At length we turned as a last resort to a preparation known as Nestle's Milk Food, and the benefit was apparent almost from the first spoofnul—the evacuations whieh had been from twelve to twenty in twenty-four hours, drooping to two in the same lengtn of time, after its use was commenced.

This is not intended as a puff for a proprietary article, not even

as an indorsement of an advertiser; we only relate our experience, thinking it may be of benefit to some one of our readers, and because we would "speak well of the bridge that carries us over," for it proved of inestimable value once in our own family. Owing to a failure of the mother's milk, it became necessary to wean our oldest boy, when but five months of age. Being in a foreign land we resorted to those means with which we were acquainted, obtaining a seemingly good quality of cow's milk, but it wholly disagreed. Though urged to give him "Kindermehl," as Nestle's Food is there called, we did not do so until we had given a fair trial to each of the preparations with which we were familiar, and our list was exhausted and our boy also; the child was in a pitiful condition. The very first meal of that food, seemed to stay the downward progress—he relished it, and in a short time would not have been recognized as the wasted and feeble child of a short time before. Afterward in the service of Prof. Monti, at the "Polyklinik," we saw it given to some thousands of wasted and rachitic children, and the results were in the highest degree satisfactory; almost without an exception the benefit was marked and rapid. We believe this food has been but little tried here. In England and throughout the continent, it is used almost exclusively, if we may judge from what we saw. It is a dry powder, is mixed with water only, a great advantage; is easily prepared, and children take it with avidity. We do not believe it will agree with every child, nature herself sometimes fails, the mother's milk disagreeing in some cases, but we doubt if anything else will suit as many; and we recommend it most heartily to those of our readers who find it necessary to procure a substitute for the natural food, and also find the preparations in which they have trusted, fail them.

MISCELLANY.

Treatment of Gout.—Dr. N. S. Davis, of Chicago, recommends forty drops of an equal mixture of the acetated tincture of opium and wine of colchicum seeds to control acute paroxysms of gout. This dose may be repeated in an hour, if necessary. Oftentimes, one or two doses will abort what threatens to be a very severe attack. When the paroxysm is under control the same remedies may be continued in smaller doses, three or four times daily, if any gout remains. We have nsed this remedy, and can add our indorsement to this distinguished recommendation.—*Medical and Surgical Reporter.*

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ORIGINAL COMMUNICATIONS.

HOW SHALL WE TREAT RETAINED PLACENTA IN ABORTIONS?

BY A. L. CLARK, M. D., CHICAGO, ILL.,

Professor of Obstetrics and Diseases of Women and Children in Bennet Medical College.

NOT infrequently does it occur in the practice of the obstetrician to meet with cases of miscarriage at the third or fourth month, in which the fœtus having passed away there is a retention of the placenta.

The puzzling question of the proper treatment to adopt at once presents itself, and this query has during the past year been the origin of some magazine articles.

In the past the general practice has been to leave such cases to nature, *i. e.*, supposing, as is usually the case, the os uteri has closed to nearly or quite the normal size, and that the offender cannot be dislodged without a degree of violence in the judgment of the obstetrician unjustifiable. Thus it will be seen might originate an elastic rule which would of course be differently applied by different individuals according as the inherent tendency of the operator might incline him to take all the work upon his own shoulders or leave a respectable share for Dame Nature to attend to.

Now amid the general tendency to operative procedures we find a disposition to insist upon its *immediate* removal, by first, if need be, dilating the cervical canal with tents or dilators, and this being accomplished, with a blunt scoop or currette dislodging and bringing away the lagging placenta. In this way, it is urged, will be avoided the risks of septicæmia, pyæmia and perhaps inflammation of the uterus.

I am well aware that the question is a perplexing one, whose discussion should be approached with great candor and the best of judgment. Some one has said, in effect, that a physician's duty is "1st. To do no harm to the patient. 2nd. To relieve suffering and pain as much as possible. 3d. To cure the patient if possible." Now while we all want to "cure" our patients as surely and swiftly as possible, it is not improbable that all in all we shall feel as sure that we have succeeded in that laudable effort—at least that our patients will as often get well, if we direct our energies and efforts to that end in something like the order indicated. "Be sure you're right then go ahead."

The first duty is, to me, a manifest one, and if I feel in the treatment of the cases under consideration somewhat conservative, it is because an experience of more than twenty years, in which I have probably met with my share of these puzzlers, has not only failed to develop any alarming tendency to events of a serious nature, but has resulted so favorably upon the practically non-interference plan, that I have never lost a patient from this complication or had one fail to make a good if to some extent delayed recovery.

Hence I believe that those who indiscriminately demand the immediate removal of the placenta are formulating a dangerous rule, founded more upon the disposition to be brilliant and operative than upon good judgment and experience.

I freely admit that conservatism may be carried too far, and insist only that good judgment rather than any inelastic rule should govern our procedure.

Given a case in which the os is soft and dilatable, the uterus partaking of the same characteristics as it almost inevitably will, and we shall most likely have a concomitant hemorrhage which will demand interference.

These conditions will be most frequently met with in multiparous females in whom, fortunately too, the facilities for operating such as a relaxed perineum, a distensible vagina, and movable uterus are most likely found.

Upon the other hand given a case in which hemorrhage has already been carried to syncope, but is now from this fact, perhaps with some other causes, practically arrested, the cervical canal is closed and from it perhaps is protruding the immature funis, shall we proceed to dilate at the risk of further increasing an already dangerous hemorrhage? Those who say "yes" will tell us that the tent used for dilation will act as tampon and that for this reason we may not fear hemorrhage. But innervation being at such low ebb shall we not have difficulty in securing the necessary after contractions of the uterus?

I am not answering the question upon theory but upon perhaps a too fortunate experience when I say *wait*.

Or given the more common case in which the os and cervix are hard and contracted, the vagina moderately narrow, the perineum undilated by previous labors, the uterus well up in the pelvis, with which condition the hemorrhage is nearly or quite nothing, a condition in which prior to any intra-uterine operations one or more sponge or laminaria tents must prepare the way, and for my part my experience would here say trust to Nature.

And I say this too, fully recognizing the fact that it is not pleasant to have a foreign body like the placenta indefinitely lodged in the uterus, but because I believe the uterus to be a sensitive, important and, at such times, highly vascular organ not to be safely or with impunity, roughly treated, and because with one or two daily antiseptic vaginal irrigations I have never seen a tendency to putrescence upon the part of the placenta or any dangerous sequence attend upon such treatment.

THE BRAIN AND THE MIND.

BY A. J. HOWE, M. D., CINCINNATI, O.

THERE is scarcely a topic more interesting than "the brain and the mind;" and there are two ways of discussing it—the religious and the physiological. With the former I have nothing

to do in this paper, but shall deal with the latter as far as practicable.

Physically or anatomically considered, the brain is as readily comprehended as a lung, the liver, or the spleen. It is a tangible substance that can be measured and weighed. The mind is intangible and only known by its *expressions* through the senses. Thus, a piece of writing manifests that a reasoning intelligence constructed the words and the sentences,—and an intellectual person can read those characters and pass judgment upon them.

By these instrumentalities—intellectual perceptions and reflections—ratiocinations—men commune with each other, and recognize that they are rational beings. They see similar powers in inferior animals; but their own seem so much stronger, they think that they alone are truly intellectual and capable of the highest order of reasoning. Having a desire to be conscious after the death of the brain they put their imagination to the task, and fancy they have discovered that the mind can live and think independently of the low, grovelling, material, dying cerebrum! They admit that the brain is essential to start the growth of the soul, but claim that it afterwards is competent to take care of itself, so far as physics are concerned,—that the somatic cerebrum is not necessary to the continuance or for the activity of the subtle sensory essence called mind, soul, and spirit of man.

Physiologically and philosophically such reasoning will not bear analysis, for so far as we actually know, or can be demonstrated, as we reason on other matters, a mind is born in connection with a brain, develops with it, matures with it, decays with it, and dies with it; and without the brain it has no individual existence. This may seem blasphemous to those who believe, hope, and trust, they shall recognize the physical features of their spiritual friends, yet as I said at the beginning, I have not, in this paper, had anything to do with evidence that is not physiological.

It is possible, if not probable, that the elaborated mind is sufficiently *substantial*—material—as electricity may be—to continue forever as a part of the universe, as an atom of universal knowledge—as a unit of omniscience. To some such extent immortality is problematical; but in what physiological way a conscious

and personal individuality is to continue independently of the brain which produced and nourished it, is not plain. In thus speaking I have no ambition to bias my neighbor's mind, but would have him free his understanding from prejudice, and endeavor to see things as they apparently are, and not as our selfish desires would have them. It seems to me that there is a pleasure in contemplating truth which is more satisfying than in seeking arguments to defend a false position. I am sure that I am as well satisfied with my fate as any "Gnostic" can be with his. I acknowledge, however, that the fear of punishment hereafter makes some people better—makes them regard their word—their oath, but the man who loves truth for the sake of the pleasure there is in pursuing it, has a stronger incentive to speak and act truthfully than the multitude which cares little, beyond a momentary impulse, what is done or spoken. To answer a present purpose is uppermost in minds with the ignorant. Only the philosophical are calm under a logical interpretation of things; the timid, the superstitious, and the revengeful hanker after a spiritual state where they may enjoy their propensities and indulge their vindictive notions. There is evidence that half of those who build upon a future life, would vote against such a state if they could not have things much after their own hearts.

Now, where is the physiological proof that the brain is the birthplace of the mind? Every man sees in his daily walks, proof of the fact. Once I shot a squirrel and bagged it as game, with others of its kind. The next morning I discovered a movement in the receptacle; and investigation proved I had brought home a rodent in a state of "suspended animation," and that the creature had in time regained consciousness and vital activity. Possibly the animal had played "possum," but there was no occasion for deceit. The furrow of a bullet in the squirrel's scalp was evidence of a clear case of stunning. The reader can understand the state of things better than he can any explanation I may give. The impact of the bullet shocked the brain into a state of coma—of unconsciousness. In a few hours the cerebral shock and congestion passed away. Circulation was resumed, the brain received its accustomed stimulus, and a mental condition of squirrel consciousness returned!

Before a calf is taken to market the butcher bleeds the restive animal till it is too feeble in mind or body to express dissatisfaction or give trouble. In the course of a day enough new blood is elaborated to impart activity to mental operations, and strength to the limbs. The victim to bleediug recovers loss of energy, and again manifests its normal nature. There was "suspended animation" in this case as in that of the stunned squirrel. And there was no manifestation of mind or consciousness while the brain was deprived of vital stimulus.

One night I was, in a social way, talking to a man of sixty. He was physically and mentally robust. The next morning I was summoned to his house, where I found him unconscions and partially paralyzed. Before night he vomited, and regained some control over his paretic arm and leg. The following day he could speak certain words, but not construct sentences. In two months he was apparently as well as ever, and began to transact business. At his leisure I asked him to relate his experience while sick. He said that his memory failed as to some part of the sickness. He waked in the night with a sensation of stomachic distress, and in attempts (mental at least) to awaken somebody he relapsed into unconsciousness. He had intervals of partial consciousness the following day, but could not fully identify parties he saw in the room. He instinctively felt that he might be laboring under the influence of an apoplectic stroke. He saw me in the afternoon, but could not speak to me. He was inclined to sleep, and to be let alone. He suffered no pain, yet felt uneasy sensations as if laying too heavily in one position. The following day he knew his surroundings, but could not find words to express an idea. He said "river" when he meant *water*: and "lamp" when he intended to call for *fire* in the grate. He could bring forward ideas, but not the one he really wanted.

In two years from that time, while excited over some unpleasant news, he fell into a state of profound paresis, and never regained consciousness. He lived two months, yet without knowing whether he was alive or not. He was utterly helpless so far as one side of the body was concerned, and unable to turn over in bed though he made instinctive efforts to do so with one arm and leg.

After death I removed the upper segment of the skull, and examined the brain. A partially organized coagulum of extravasated blood filled the fissure of sylvius on the left side, and must have pressed heavily upon the entire cerebral hemisphere. The medulla oblongata and cerebellum had serous effusions about them that must have dulled their functions. The vertebral canal was not opened. The indented cerebral hemisphere was scleral and quite deprived of vascular supplies—it was functionless. The other hemisphere was so severely impressed through sympathy or actual connection that it failed to maintain consciousness. In this place it may be stated that none of the higher animals can long sustain life after consciousness is overcome through loss of a part of the brain or disease of one-half of the cerebral mass.

On account of the cerebro-spinal injury the patient's circulation, respiration, digestion, and secretions gradually let down, and death came through excessive prostration. After the second apoplectic visitation the brain gave expression to no mental activity. The sick man ceased to think.

After the first cerebral hemorrhage the pressure of the coagulated blood was not great, and was removed by absorption of the clot. Gradually consciousness was restored, as well as power to co-ordinate the muscles. The intellectual faculties came back in a fumbled manner, as if one was somewhat in advance of another, thus indicating a moiety of truth in phrenology—truth so far as the idea goes that the mind is constituted of a multiplicity of activities or centres of special action. It is generally understood by psycologists that the different parts of the brain are intimately associated, that a single centre or segment cannot functionate clearly while all others are in confusion. The body cannot be sick without affecting the mind; and mental distress impairs the bodily functions. To be sure we are told that Sir William Hamilton reasoned well after suffering from hemiplegia, yet the paralysis was not of the brain, but of the motor portion of the spinal cord. The great thinker could not walk after receiving the paralytic stroke, but he could write and talk. However, the bodily impairment at length brought on indigestion, and a prostrated physical state that reacted upon the mind. Great intellectual strength is not compatible with bodily feebleness and physical infirmities.

A CASE OF RENAL ENCYSTMENT.

BY SAMUEL E. MORTIMORE, M. D., NEW YORK.

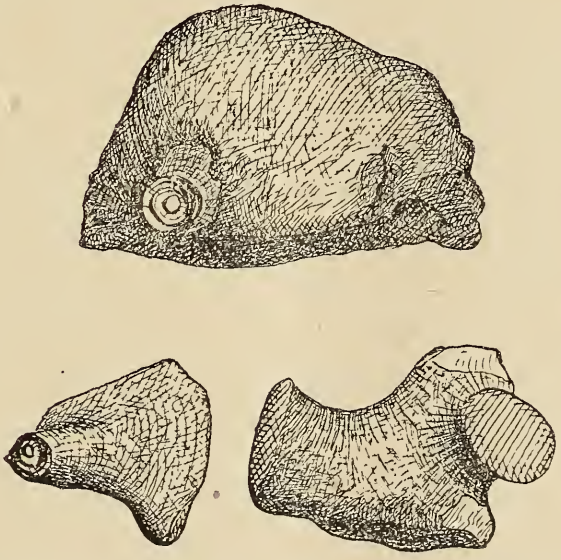
THAT the kidney may be extirpated is a fact universally admitted, but just how much injury this organ can sustain and recover from, has always been a matter of doubt, I believe, and the following case may serve only to perplex; still it is not without peculiar interest.

During one of the exhibitions of P. T. Barnum's Circus at the Hippodrome in N. Y. City, where chariot races were a feature, an accident occurred whereby one chariot was overturned and its occupant (a woman) was thrown out and trampled upon by the horses attached to the one immediately following. How the woman ever came out of the accident alive was a marvel to those who witnessed it, still she did, and though badly bruised, six weeks after found her well enough to ride a camel in the "procession of all nations." This was her occupation, which she followed closely until she became suddenly prostrated with symptoms of fever which lasted for several days, during the course of which the urine was loaded with pus. After the fever subsided the presence of pus in the urine still continued and never thereafter was there an ounce of urine passed thot did not contain pus.

From this time on, until her demise, she never regained her health, the case coming under my observation four years later when I found the patient, æt. 26, in a low condition, with such symptoms as are induced by long continued suppuration, though the cause and the location of the suppuration were beyond my discernment; There were no symptoms which would serve as a guide to locate the seat of the primary lesion. A careful examination of the urine and the urinal cyst served only to show that organ intact the presence of a small spicula of bone in the urine being the only hint we had that the osseous structure was involved in the lesion. We finally determined that exfoliation of the inner surface of the pelvic bone was present, the discharge from which opened into the bladder by a sinus. A month later the patient died, the autopsy revealing the following: Œdematous condition of the lower extremities, and within the abdominal cavity general peritoneal adhesions of the most extensive character were present.

The great omentum, was adherent to the abdominal parietes, the liver adherent to parietes and surrounding viscera. The left lobe of the liver, the tail of the pancreas, the spleen, the left kidney (enlarged to twice the normal size), and left suprarenal capsule were adhered into one mass, the whole being bound by strong adhesions to the back part of the abdominal cavity. The right kidney though enlarged was otherwise normal. A small pyæmic abscess was found in the recto-vaginal peritoneal fold; the pelvic viscera otherwise normal. In the thoracic cavity there were extensive pleuritic adhesions on the left side, but more circumscribed on the right.

The enlarged left kidney was then removed and upon being opened by a free incision was found to contain in its centre three pieces of bone, about one of which had accumulated extensive calculitic deposits. The substance of the kidney had been absorbed by ulceration, leaving an extensive suppurating surface shown in the cut. Upon further examination the pieces of bone were found to be the transverse processes of the first two lumbar vertebræ, and had been crushed into the substance of the kidney by the hoofs of the horse, which had trampled upon her at the time of the accident, there to remain, and subsequently cause death by long-continued suppuration, the pus being discharged into the cyst by the ureter.



The accompanying cut shows these three pieces of bone natural size.

In further reference to this case, I would say that there is now no doubt in my mind but what this lady might have been saved by an extirpation of the injured kidney, could the difficulty have been correctly diagnosed; but at the time of the accident no injury to the spine or kidney was suspected, as the skin was not broken in this region, nor was any blood discharged from the bladder. The peritoneal and pleuritic adhesions were undoubtedly the result of the primary injury.

FACTS CONNECTED WITH THE ILLNESS AND DEATH OF DR. BUXTON.

We recently published a brief obituary of the late Dr. H. W. Buxton, of Worcester, Mass. The circumstances of his last illness were peculiar in some respects, and there was a diversity of opinion as to its origin. Through the kindness of E. Warner, M. D., who visited him daily and under whose direction the autopsy was made, we are enabled to give the subjoined account of his illness and the pathological conditions revealed *post mortem*, which we are assured will be of interest to very many of our readers. The paper was read by Dr. Warner before the Worcester Medical Society.

Soon after he came to Worcester, he was thrown violently from his carriage and sustained serious injuries to his right hip and ribs of right side. For a long time it was thought he could not recover. This illness to some extent impaired his powers of endurance ever after. In 1872 he was again thrown from his carriage, and injured in his left chest. On one or two other occasions he suffered somewhat severely from what were considered attacks of lung trouble. During the last few years, he has found it needful to take somewhat frequent and more or less extended intervals of rest. Especially since the death of his daughter a year or two since, he has appeared more feeble and broken than before. His last illness came on about the first of October, 1882. On the Sunday evening previous, he spoke to his wife and youngest son of the disposition he had made, of things in his office and what his wishes were in regard to them, and gave advice in connection with his son's education.

This conversation took his family by surprise; it was so unusual they knew not what interpretation to give to it. From the day his illness commenced and he found himself forced to relinquish business, he gave no eucouragement to the idea or to

any suggestion, that he should ever get better. He felt the assurance that this was his last illness. Upon what grounds he predicted this, he never disclosed. Perhaps it was only a general notion, but it carried with it to his mind the conviction of certainty.

I was asked to see him about the fourth of October. He was suffering from some pain in his left side, below and under the short ribs, had a slight cough, and a little glairy mucous expectoration. Had had no chill and there was no fever of any amount. In a week he was better, sitting up, went to an adjoining room, and in every way seemed comfortable and doing well. Had a fair appetite and seemed recovering his strength. I regarded him as convalescent and expected to meet him again soon on the street, attending as usual, to business. This apparent improvement was abruptly terminated after a few days. On waking in the morning, without provocation, so far as he knew, he was seized with a most violent pain in the same place in the left side and under the short ribs, and for a few minutes he thought himself unable to endure the pain, that it would certainly take his life. He was easier when I arrived. He had taken no opiate—had had no chill, but he feared to move lest it should return. It did not return again in that place with so much violence, but soon seemed to leave that locality and spread itself across the chest just above the diaphraghm and on the right side just above the liver. There were no *rales* and no unusual dulness on percussion over the lung spaces.

He explained these feelings as possibly due to the giving way or tearing up of old adhesions. He had suffered from fractured ribs on both sides at different times, and from pneumonia some years before. There was only slight acceleration of pulse, and no increase of temperature. He was well supplied with fat, and it was not easy to make out through the abdominal walls, the state of the organs within; but over the space covered by the short ribs on the left side and well towards the back, percussion gave a localized dulness over a space much larger than usual. There was not much tenderness and little further light could be obtained by palpation. He did not again complain particularly of pain in this region, but always located it at the lower end of the sternum and towards the right side. He could not move and would not be moved for fear of pain or because of pain, though he made no great complaint and took only small and occasional doses of opiates for his comfort. His appetite was poor, constipation severe, relief being obtained only by enemata.

Only occasionally and for a day or two did the temperature rise, once only reaching nearly to 103°. Pulse generally about 100 or a little less. Tongue, much of the time, seemed large,

flabby, creased, and more or less coated with white milky looking patches. When it cleaned a little it was rather redder than natural. In the early part of his illness he would sometimes experience bad dreams; once saying that he was crushed by the cars, and while lying under and among the car seats, no one would offer him assistance, though brakeman and others were standing around. Once while being raised by gradually elevating the head of his bed, he said it seemed as though something snapped and suddenly gave way in his right side just over the upper border of the liver, about midway between sternum and a perpendicular line let fall from the axilla. It was accompanied with a peculiar and sudden sensation in the head as though struck and partially stunned. He required to be lowered immediately. Nothing further complained of, save a little tenderness in that locality for a short time afterward.

These general symptoms and this condition in the main obtained till within three weeks of his death. He then began to complain of his limbs twitching and paining him, and he required to be turned slightly and often; but this twitching went on becoming so violent and annoying he had his limbs tied together by towels to control in part these distressing and involuntary movements. This did not control them—this jerking movement and incoordinate action of the muscles of his lower limbs, kept up till the last. Soon after these spasmodic movements of the limbs came on, they became paralyzed and sensation in them was also nearly lost. He complained much of a general aching in them, relieved in part by very constant rubbing.

About ten days before death, he lost power over his bladder, and the use of the catheter twice a day became necessary. A few days before death, his arms and hands were observed to twitch some but he did not make special complaint of them. One day he spoke of curious feelings in his fingers. He said when he *looked* at his limbs, they seemed all right; he could see their emaciation and easily realize how attenuated they had become, but on taking hold of them with his hands, they felt very large, and he could not understand why this should be so. What little cough and mucous expectoration he had along the first few weeks, all left him four or five weeks before death. The latter part of the time was occupied in taking care of his troublesome and paralyzed limbs, and his general distress which grew upon him.

During the later weeks he could endure to be turned towards one or the other side, and for a short time could lie in that inclined position, but he required to be changed often from one position to some other, and two attendants were kept busy night and day doing his bidding. Opiates were used somewhat freely. About

two weeks before death, as he lay turned towards his right side, and partly on account of his emaciation, it was easy to make out a large, firm, painless, smooth-rounded and distinctly outlined tumor projecting from under the short ribs on the left side. This extended half way towards the crest of the ilium and lay deeply imbedded towards the spine. It will be remembered that at no time after the first few days, had he made any complaint of pain in that locality. He loathed food, wasted under his prolonged sufferings, but his mind remained clear. He fully realized the difficulty of making an accurate and reliable diagnosis, and after a consultation held a few days before death, he inquired if the unfavorable prognosis could be changed, and then added, "you will have opportunity soon to learn more about the diagnosis." He died early on the morning of the eighth of January, 1883, retaining his consciousness till within a few minutes of the last.

Autopsy.—Autopsy 24 hours after death. Body fairly well nourished. Moderate hypostatic congestion. Numerous small depressed scars on chest and upper arms. Heart and pericardium normal. Both pleural cavities entirely obliterated by old and tough adhesions. Muco-purulent matter in larger bronchi and mucous lining of same reddened and thickened. Pus which was observed to flow from severed end of trachea found also in small amount in the larger bronchi. Small collection of cheesy and partially calcified matter in left apex. Lower lobes of both lungs posteriorly congested. Whitish yellow hard round nodules in both lower lobes, most numerous in the left, with gritty resistance on section. Larynx and trachea normal. Liver contained two nodules size of a cherry resembling those seen in lungs. Otherwise healthy. Spleen firm, of medium size and venously congested. Right kidney, capsule slightly adherent, cortex somewhat diminished, otherwise normal.

To the left of the spinal column and lying closely against it behind the peritoneum was a mass of the size of a cocoanut, resistant to the touch and thickly covered by areolar tissue and fat. Its upper end on the level of the tenth dorsal vertebra reached below the body of the third lumbar and projeeted into the abdominal cavity beyond the lumbar curve of the spinal column. Over it lay the descending colon. Easily enucleated, it had apparently no connection with the bone. On section it proved to be connected with the left kidney, one-half its size being due to greatly thickened capsule. Below, the kidney substance was but little changed. Above, the cut surface showed numerous cystic cavities from which flowed a turbid fluid, thick walls in many places softened and broken-down. A few simple

cysts of the kidney substance also present. Stomach and intestines not opened. Bladder unexamined. Spleen normal. Of the bodies of the third, fourth, fifth and sixth vertebræ little remained; three bony plates, centrally of the thickness of a silver quarter of a dollar and thinner at the edges, representing the undestroyed portions, the remainder being replaced by a soft pultaceous mass, presumable source of the pus previously referred to. Numerous cavities with more or less eroded edges were found scattered through the bodies of the remaining cervical and the dorsal vertebræ on some places sufficiently large to almost break the continuity of the spinal column. These cavities were filled with yellowish material of the general consistency of bone marrow. The spinal cord presented no unusual appearances. The head was not opened.

Microscopic Examination.—The soft mass in the upper cervical vertebræ consisted of round and spindle cells, many of them containing fat, a few fibres and granular detritus. The tumors in lungs, liver, kidney, and the harder masses found in the vertebræ, were composed of round and spindle shaped cells with very little intermediate tissue, the cells being here and there in alveoli with cellular walls. A marked tendency to fatty degeneration of these cells everywhere present. Diagnosis: Medullary alveolar sarcoma, with in the kidney, cystic degeneration of same.

From the conditions disclosed by the autopsy it is fair to infer that the disease had been slowly coming on for some considerable time. The pain suffered did not point directly to the locality of the disease. It seemed to be transmitted along the course of the intercostal nerves. It is easy to see why he could not be easily moved, and especially why he could not be lifted up. The character of his dreams can be understood now, and it can be inferred what gave the shock and feeling of something giving way, when he was being raised on the occasion alluded to. The twitching of the limbs, the paralysis of legs and bladder, the loss of sensation, all these symptoms are now easily explained. Why he could bear to be turned more easily towards one or the other side toward the last, or the peculiar feeling, communicated to his hands when applied to his limbs, cannot perhaps be so easily understood. The history of the patient's illness, the locality, extent and nature of the disease, mark the case as one rarely seen and of unusual interest.

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.
(American and Foreign.)

MASSACHUSETTS ECLECTIC MEDICAL SOCIETY

The society convened at the Revere House, for its twenty-third annual meeting, on Thursday the 7th ult., at 10 A. M., President J. D. Young, of Lawrence, in the Chair. After the transaction of the usual routine business, reading reports of previous meeting, etc., Drs. Miles, Spencer and Howes were appointed a committee on nominations, and reported the names of the following gentlemen, all of whom were duly elected: President, G. H. Merkel, of Boston; Vice-President, A. L. Chase, of Randolph; Corresponding Secretary, Pitts E. Howes, of South Boston; Recording Secretary, R. A. Reid, of Newton; Treasurer, F. L. Gerald, of Hyde Park; Councillors, E. E. Spencer, of Cambridge, R. W. Geddes, of Winchendon, Milbrey Green, and John Perrins, of Boston, and J. Atwood Tabor, of Lawrence. The Treasurer's report showed a balance in favor of the society of $909,82. On assuming the chair, President-elect Merkel briefly thanked the society for the honor conferred, etc.

Dr. J. P. Bills, of Falmouth, then presented a paper entitled

"POISONED AIR."

The physiologist tells us that the human chest expands and contracts upwards of 20,000 times in the tweuty-four hours, and an average of forty hogsheads of air is daily required to sustain life. While this is pretty generally understood, there is the utmost indifference among the people, as to the quality of the air, so long as they see no immediate effects from it. How common to see sickness in children date to the beginning of attendance upon school, study being assigned as the cause, when doubtless it is chiefly due to impure air. In most respects the needs of school children are amply provided for; teachers are able and abundant, there is no lack of funds, buildings are well heated, there are halls for recreation in stormy weather, but the one thing most needful—pure air—it seems impossible to get within the four walls of a schoolroom. Ventilation means running air, just as a river means running water. A simple and easy test of the purity or impurity of the atmosphere of a room, is to suspend the white margin of a newspaper saturated in a solution of sugar of lead (plumbi acetas) in the locality to be examined. If carbonic gas be present the paper slips darken in all degrees of shade to black, and the rapidity with which the change occurs gives an idea as to the amount of gas present. The sense of smell by

continued exposure to influence of impure air, becomes blunted, and thus people continue to inhale foul air without being conscious of it. A frequent response when the attention is called to the air of the room, of closets, clothes presses, etc., is "it must be all right for I never knew it to smell otherwise." A quaint writer has said: "It is the family smell, it must be all right, they have lived in it all their lives, they know nothing different, and to them it is as pure as any air under the canopy of heaven." Rain water, commonly regarded as purity itself, often becomes heavily charged with impurities, during its passage through the air, and over the surfaces prepared to receive it. The water fronts of cities are frequently extended by dumping garbage and all manner of refuse, obviously this must be a source of poisoned air.

Dr. Miles, of Boston, said hardly a week pssed that his attention was not called to the ill effects of overwork in school children. It was sometimes true that scholars were unduly urged, but it was his impression that they suffer much more frequently from impure air than from over study, since those who are not "brainy" and cannot be urged to apply themselves, suffer alike with the studious ones.

Dr. Spencer, of Cambridge, thought there was considerable misapprehension among the people as to the influence of plants in vitiating the atmosphere of sleeping apartments, the fact, that while they give off oxygen in the light, they absorb it, and exhale carbonic acid in the dark, being quite overlooked.

Dr. Andrews, of Taunton, said that while their effect in sleeping room was pernicious, he encouraged the habit of keeping them in the living rooms. Whatever was injurious to human was also injurious to plant life, *i. e.*, in living rooms, and they were to that extent a good thermometer.

Dr. Perrins, of Boston, thought the injurious effect of plants in sleeping rooms was influenced much by the number and variety of plants, and the means of ingress and egress of air. The city of Boston, he said, had expended enormous sums in erecting school buildings, and procuring the ablest teachers—not too much, however,—but he thought too little attention had been given in the construction of these buildings to perfect ventilation and to means of protection from the evils of impure air.

Dr. Geddes said from the school children of the present are to come the future statesmen, scholars, scientists, etc., and by them the ranks of business or professional life are to be recruited, and too much attention therefore could hardly be given to improvement of the condition of schoolrooms. Atmosphere which had been respired by many persons was certainly devitalizing enough,

but in public schools there was another source of impure air. Here were gathered children who were carefully and well kept, and those who were kept "anyhow," and each, especially of the latter, had its peculiar odor, which he called "the family odor."

Dr. Reid said it was an error to suppose that impure air was of necessity offensive, impure air might be inodorous. He spoke of the refining and elevating influence of flowers, and of their cheering and enlivening effect in the sick room, where their use under proper conditions was to be commended. He alluded to the Flower Missions which place a few flowers in the hand or on the pillow of each sufferer in the hospitals of our large cities.

Dr. Perrins said often school and other large rooms depended chiefly for ventilation on windows being opened; while some parts of the room were in a draught, others were imperfectly ventilated.

Dr. Andrews said all such rooms should have means of ventilation altogether independent of windows.

Dr. Newton, of Boston, said that recent writers seem to advocate three points of ventilation. It was hard to overcome the popular wrong conceptions, indifference or ignorance, of the subject. The people should be educated through the press and by legislative enactments. If there was a Butler in each house we would hear less of Tewksbury. There was evidently unanimity of opinion on the necessity of ventilation, but a diversity as to details. It was not bad to differ, an ocean ebbing and flowing purifies itself.

Dr. Chase, of Randolph, alluded to a stove devised to purify or ventilate large rooms, and said that where used it seemed to act admirably, and maintained the temperature at the same point in the most remote part of the room as in the immediate vicinity of the stove, and the same on the floor as at the ceiling, as proven by the thermometer.

The essayist said the refining and moral effect of flowers was admitted, the question was as to their influence for good or evil upon the physical health. All plants were not equally objectionable, some kinds inhaling more carbonic acid than others as the cryptograms.

Dr. Reid said that in dispensing with the old fashioned fireplace of early days, we had sacrificed to comfort one of the most effectual means of ventilation, especially if there be a fire, a current will be created up the chimney and pure air will find its way in. He alluded to the custom of having stationary wash bowls in sleeping rooms as a modern means for poluting the air, affording direct communication with the sewer, the plumbing often being defective. In one of the largest and most fasionable hotels

of New York, they had recently been removed from 500 of the best rooms. It should be in all cities as in one he mentioned; proper plumbing, etc., should be secured by legal requirements, and all buildings in process of erection should be under the supervision of an official who should see to it, that these requirements were complied with.

The Report on Necrology showed that during the past year the society had lost two members by death: Dr. H. W. Buxton, of Worcester, and Dr. J. A. Rochette, of Lewiston, Me. Committees to prepare appropriate expressions of esteem and regret were appointed.

At the afternoon session, Dr. F. L. Gerald, of Hyde Park, read a paper on Maternal Impressions. That vivid mental impressions, whether of joy, sorrow, anger, fear or horror, frequently have a direct influence on the development of the fœtus, producing deformities, rested upon an abundance of proof. That the moral nature might, in like manner, become misshapen or deformed, seemed to him altogether probable, and much of the misery, degradation and crime of the world, together with many of the moral monstrosities that infest society, might, to a certain extent, with justice, he thought, be attributed to pre-natal influences. Sexual excesses are certain to bring in their train a host of evils, especially when persisted in at improper periods, as, for example, during pregnancy or the early months of lactation. All the surroundings of the pregnant woman should be of a character to conduce to cheerfulness, and the wisdom of avoiding the presence of disagreeable or unsightly objects, or disturbing influences should be explained to her, since the cases where such influences have had an unfortunate effect, are too many to be regarded as mere coincidences, though the manner in which they operate, is far from being understood. There seems little doubt also, that education may, to a certain extent, begin before birth, and numerous illustrations of this fact also have been recorded, and should incite women about to become mothers, to cultivate refinement, pure thoughts, and gentle emotions.

The paper called out an interesting discussion, a variety of opinion being expressed, and many illustrative cases cited. This was followed by a paper by Dr. J. S. Andrews, of Taunton, entitled,

INFANTICIDE.

"Take heed how ye despise one of these little ones, for I say unto you that in heaven their angels behold the face of my Father in Heaven," was a sacred command, and whatever other applications or meanings it might have it certainly taught that the Father of us all had a special love for the little ones. He who "loves

us to the end," loved us in the beginning, and who shall decide whether this was in the first, third, or ninth month of fœtal life? Infanticide dated back to an extremely ancient origin, having prevailed among pagan nations from the earliest time. Roman matrons threw off the burden of pregnancy, so commonly, that it became necessary to prohibit it under severe penalties. Plato and Aristotle, fearing an excess of population, taught, as many do to-day, that no soul existed prior to birth, hence fœticide was not criminal. Ignorance, no doubt, might be urged in some cases for palliating this arrest of uterine life, but there are other excuses, and more common ones; for instance, one will declare that she cannot and will not endure it a second time; another asserts that her former physician positively assured her that she could not survive a second confinement; another, that so many have been born of her and so fast, that she has no vitality to impart to them, and they will be but born to die, as others have been; while poverty and inability to provide for them is urged by another. A more reasonable excuse than all others, is that their pregnancy is the product of a dissolute, diseased, or drunken companion. More importunate still are those who seek to hide an indiscretion (to put it mildly) before marriage, and dare not trust the physician's affidavit that it is a six months' child, to escape reproach. Every physician must meet these solicitations, and if the question has not already been decided, on its moral, religious, and legal aspects, he will be very likely to yield.

The application often comes from patrons of fashion, wealth, and respectability, and their reasons are declared to be urgent and conclusive. Urged by both husband and wife, it is often backed by a fee that is no trifle to the impecunious disciple of Galen, and the alternative is, that non-compliance will result in the employment of a doctor who will, and the declining physician is placed at a disadvantage, since he cannot give publicity to the cause of the change of medical attendant, for he is the custodian of secrets committed to him, be they good or evil. Nor is it honest to try and persuade the applicant that she may be mistaking the effects of a cold for pregnancy; nor compatible with professional sincerity to send her away with a prescription warranted to affect a cure, which he knows will produce no effect whatever. Another class violently *demand* our interference. Having dwelt upon the subject with morbid apprehension of danger or disgrace, they have become monomaniacs, and have tried every expedient known to them, no matter how dangerous, hoping to abort. If we refuse to act, they will suicide. *Let them!* Fearing nothing more than pain or disgrace of childbirth, they will resort to those who slaughter the innocents as

remorselessly as did Herod. Those who appeal most strongly to our sympathies, are the victims of misplaced confidence and affection. Youthful, artless and unsuspicious, never taught by wise mothers to avoid the slightest approach of the tempter, having yielded their affections to one whom they believe the soul of honor, they withheld nothing else, and then deflowered, dishonored and deserted, they apply for aid in concealing their shame from their unforgiving sex. If it can be kept a secret, they may yet become wives beloved, and mothers of happy children. The sin of infanticide, like other sins against the body, leaves its damning mark upon its victim. How often is lifelong misery entailed to escape maternity? How many cases of prolapsus uteri, are the result of procured abortion? How often has a profuse hemorrhage, following such an outrage of Nature's beneficent laws, carried life with it?

Barrenness is a frequent consequence, for disappointed Nature will revenge herself for these outrages, and when from a ridiculous fear that a child may be born within the first year after marriage, the first fruit is nipped in the bud, the subsequent fruitage will drop like an untimely windfall, or, to drop the figure, when the paternal instinct cries out like one of old, "give me children or I die;" when the laudable desire to perpetuate the family name, and have an heir to well earned patrimoney, comes; when the desire to fulfil the law of Nature, and of God, and multiply and replenish the earth, arises, then is realized the bitter self-inflicted curse, the defrauded womb casting out repeated conceptions at that point of time when the first growth was arrested. The question is, how are the evils which flow from child murder, to be prevented? By an enlightened public sentiment, created chiefly by physicians. They must peremptorily refuse to aid or abet such deeds of violence, and clearly point out the dangerous conseqnences. But some will object that imparting information on these subjects will but arouse a prurient curiosity which might have remained latent and never become familiar with these abuses; but silence is no longer wise, the evil is at our door, the poison has been diffused through the moral atmosphere, and the antidote must follow.

Procuring abortions is the business—the trade—of hundreds in our large cities, and their patrons are not the nnmarried, of easy virtue, but wives, mothers of families, members of society in the higher walks of life. Better have a child every year for twenty years; better die in childbirth than live with such a load of sin on the conscience. When intelligent women ask is there any danger, is it not safe? When the teachers of morals ask, is it not justifiable? We who know that there is *always* danger, that it

is *always* wrong and unlawful, should denounce the act and all abetting it, as criminal and shameful. No matter what college honors he wears, or what his social position, the man who does this dirty work should be shunned and despised. We hail every accession to, and enlargement of, the sphere of woman's influence; we welcome her to the responsibilities of our profession; to the halls of legislature, to the courts of law, to the platform and the pulpit, but if the possession of these, dethrones her of that kingdom to which civilization, religion and God have elevated her; if public duties are to be substituted for those of home; if the raising and training of children is to be secondary to professional, political, or mercantile ambition and turmoil; then we shall learn too late that these so-called rights are the saddest *wrongs* ever imposed upon woman. About one-fifth of our population are members of evangelical churches. What a power might this be, if rightly directed, to crush out this relict of paganism. If these things were done in a corner, if only the low and vulgar practiced them, they might be passed by in silence. But it is in what is called good society that these things are done, and it is those who stand as watchmen in the moral garrison who should sound the alarm. We pity the ignorance and superstition of the African mother, who, in obedience to a brutal husband, throws her child to the crocodiles, or of the Hindoo, who does it as an act of devotion and worship, but in this humanized, civilized, christianized land, are found those who, without the compulsion of the African mother, without the devotion of the Hindoo, but only from a false pride, or cowardly fear, or inexcusable selfishness, willfully destroy their own God-given offspring, and knowingly or ignorantly forsake the law of Nature, break the law of man, and despise the law of God, and the doctors keep silence.

Dr. Geddes said that within a few days he had been called upon by a young, and hitherto respectable girl, who besought him to aid her in concealing her shame. At her home, in an adjoining State, were her aged parents, eminently respectable people, who would be brought in sorrow to the grave. It would cause many hearts to ache, for the seducer was a man of family. He declined most emphatically to render any aid, though his sympathies were deeply stirred. He inquired, what can we do to better these cases?

Dr. Miles said that to those just entering the profession, this was a most important matter. Doubtless, all present, had a fixed rule which they followed in such cases. A great laxity of morals existed as to ante-natal infanticide, or murder, as he preferred to term it Many came seeking criminal aid, who do not see the

moral aspect of the matter—they see only the legal. Life existed from the moment of conception, and murder could be done within the womb, the same as without. He believed in placing the matter in that light before them—that procured abortion is simply ante-natal infanticide, or murder. They were influenced by it, unless lost to all sense of shame or moral obligation, and he had been warmly thanked more than once for thus explaining the matter. What shall be done with those unfortunate young women who have no redress in marriage? He found that, as a rule, the womanly nature was shocked at the idea of being party to a murder, and when placed before them in that light, many will prefer to let pregnancy go on, rather than commit another and a greater sin.

Dr. Bailey said he disposed of some cases by obtaining their full confidence and then inducing them to place themselves under the best possible circumstances, in some christian family, if possible, and bear the child. He encouraged them with the statement that some of the most brilliant scholars and statesmen that the world has seen, have been illegitimate sons.

Dr. Spencer gave similar advice, and led the unhappy girl to hope that in after years the child might more than repay for all the anguish and shame suffered at the time of its birth.

Dr. Reid spoke of a sermon delivered by Rev. Dr. Dix, in New York, during the recent lenten season. He would be glad to see it in the hands of every woman in the land, especially every married woman and mother. To the everlasting credit of the Catholic church, be it said, that its face and teachings have ever been sternly and unflinchingly set against intra-uterine murder, and in this particular, at least, other denominations might, with advantage, imitate it. Quite recently a physician, hitherto of high social and professional standing, had been expelled from the medical society of the old school, in New Haven, Conn., for producing an abortion. He urged in extenuation of his fault, that the case was an exceptional one, the girl, a victim to the lust of a man whom she implicitly trusted and who used his betrothal to her as a means of betrayal, was to him the same as his own daughter, and he charged that each one of those who now condemned him would have done the same under similar circumstances. No doubt the case was a pitiful one—there are many such—and the tears and pleadings stir our sympathies, but duty is a safer guide than sympathy, and because a sin has been committed it would be madness in us to commit a tenfold greater one. The essayist had said that during a practice of nearly forty years he had never met a case in which, on account of a deformed or distorted pelvis, the induction of pre-

mature delivery was demanded. True they are rare, and yet they do occur, and if pelvimetry showed such a misproportion as to render craniotomy or the Cæsarian section inevitable, if pregnancy be allowed to go on to the period of viability, he would not hesitate to induce abortion. Vomiting of pregnancy would seldom, if ever, warrant its performance, since cases, fatal from such a cause, were rare indeed, and such eminent obstetricians as Dubois and Rokitansky, had recorded cases where they had advised it, judging it necessary to save life, but the women had refused it, and made good recoveries.

Dr. Andrews thought that both craniotomy and abortion were often performed where they might have been avoided, and he cited a case of excessive cranial development, in which it was thought craniotomy would need to be done, but nature and time brought the case to a happy issue. A second similar case had came to his notice more recently.

Dr. Reid said there was a wide difference between delayed or difficult labor, in which the use even of forceps might be unnecessary, and those requiring craniotomy. In his judgment it was irrational, if not criminal, with a conjugate diameter of 2 1-2 inches or less, to trust the case to nature or time—"waiting for something to turn up." The day of miracles had passed, and nothing but a fatal result could be expected.

Dr. Miles said that in performing craniotomy, or abortion when he was assured that craniotomy would otherwise have to be resorted to, the physician was perfectly justified, as much so as in performing ovariotomy or any other operation, be the chances ever so small, when if not done the life would surely be sacrificed.

Friday, June 8th.—Second Day.

The meeting was called to order at 10 A. M., by President Merkel. The attendance was much increased, delegates and others being present from adjoining States. Dr. J. M. Aldrich, of Fall River, read a paper on

CEREBRAL PHYSIOLOGY AS APPLIED TO EDUCATION,

which touched upon some defects in the present system of education—especially deprecating the custom of forcing school children to their utmost ability, to the serious injury of their physical health. No system of education, no theories of liberal culture, however old or venerable, or recently enunciated, which are not based upon the fundamental laws of cerebral activity, can claim permanent recognition and adoption. It is generally conceded that the cerebrum is chiefly the part of the brain devoted to mental operations and intellectual processes, and that only a part of each

hemisphere is involved in any definite mental conception; and that relative sensations always find lodgment in similar portions of the cerebral cortex. The brain is a physical organ, and liable, like any other organ, to be injured by overwork, or by the untimely or inharmonious development of its functions, and as it has the most vital connection with everything pertaining to human welfare, whatever can in any way contribute to its normal functional development and proper use, should not be disregarded. Knowledge, in a general sense, is the only normal stimulus of the cerebral functions, the pabulum necessary to all mental development. The blood supply may be ample, but if knowledge, in the form of sensorial impressions, be denied access to it, its functions will remain in a nascent state, much as would the eye if it never received the stimulus of light. There is no period, after a state of conscious existence is attained, that the brain is not evolving ideas, except it be during profound sleep. These are as saturated with hereditary tendencies as are the functions of any other organ; the stamp of heredity is as unalterably impressed upon the mental as upon the physical characteristics of the person, hence the opinion held by some, that the brain in infancy is neutral, unoccupied, ground, and that all infants placed under the same influences will develop alike mentally, is no more correct than that they will develop alike physically, and therefore the attempt to train all children by one formula must necessarily fail of securing the highest results. That infancy and childhood are the proper periods for acquiring a knowledge of facts pertaining to material things, is a law of mental development too little regarded by educators. At no subsequent period is this function so recipient. The brain, like the other parts of the body, should be daily exercised in all its relative parts, but not too long bent in any one direction. External impressions conveyed to the brain by different senses impinge upon and excite action in different parts of the cerebral substance, and favor a healthy excitation and growth. Children are frequently confined to a few branches of instruction, under the fallacious impression that a few studies exhaustively pursued are better than a larger number less completely acquired. Cerebral physiology informs us, that if the brain is early and continuously exercised on one subject, a part of it becomes abnormally developed and active, while the remainder is inactive and undeveloped.

Another important principle of education, growing out of the multiform action of the brain, is the bringing of as many of the senses and mental faculties as possible to bear upon the same study, and thus to excite a more extended and associated action of the cortical substance, causing a more vivid and permanent

impression; thus the child may be taught that 2 and 2 make 4, by the use of 4 nails, but the impression made on the brain, and the amount called into action, will be much smaller than if he were shown for the first time, two beautiful bird's eggs in one nest, and two in another, and taught that together they make four. If this was fully appreciated, school histories would be more than skeleton-like facts, chronologically arranged, with scarcely anything in detail, to enable the imagination, the sentiment, and the emotion to clothe these dry bones with something of a reality.

Dr. Andrews said he had listened to the essay with special interest, since its author was so prominently identified with educational interests. He confined himself to one point—the relation between education and physical growth. Why is it that the gracefulness of childhood is lost, and the youth of either sex become conspicuously awkward? Simply through consciousness, and education, properly directed, readily overcomes this awkwardness. Wendell Phillips, in his early days, is said to have been the personification of awkwardness. It is related that every day, and for a considerable time, he practiced each gesture before a mirror, and his first important public speech won him more than national fame, both for his oratory and his grace.

Dr. Bailey thought that with great propriety, education might be directed toward correcting the improper and injurious attitudes often assumed and maintained by the young, and doubtless often resulting in serious consequences. This should be a part of the home education.

NERVE STIMULANTS,

was the theme of a paper by Dr. H. G. Newton, of Boston. All stimulants act on the nervous system, therefore it was hardly correct to speak of nerve stimulants. He used the term, however, in its conventional sense, and applied it to a class that act especially upon the nerve centres. In health, there is ample force generated by good food, pure air, etc., to dispense with all stimulants. The rate of mortality in most of our cities may be roughly stated to be about twenty in the thousand, and it would be safe to say that to every one that dies there are at least twenty sick ones, therefore in a large number not enough force is generated, and the custom of resorting to stimulants is alarmingly prevalent. There are no pure stimulants, *i. e.*, no agents that have no other effect than that of stimulation. For a number of years past it had been the rage to administer stimulants in most depressed conditions of the system, and in all acute diseases which tended to terminate by asthenia. He questioned whether more harm than good had not been done by this custom. No

doubt the so-called antiphlogistic method, which preceded that of indiscriminate stimulation, was less successful and more injurious than the latter, but that was no reason why we should swing, pendulum like, to the other extreme. Admitting that it is an improvement over the antiphlogistic plan, that is no reason why we should overdo it, and leave a greater injury than the one we seek to remove. Whatever other objections may be urged against the more heroic method, it never resulted in tarnished virtue, enslaved appetite, blasted prospects and noble aspirations debased. As much, however, could not be said for the method of stimulation. He was convinced that the custom, which is all too common of stimulation, was both absurd and reprehensible. If the ultimate result was kept ever in view, stimulants would be used much less commonly than they are.

(We regret that we were unable to get a better report of this paper. We hope to be able to print it in full at no distant day.)

Dr. Andrews thought the essayist had indicated what we should not do, but had not told what we should do. He questioned whether all medicines were not, in a sense, stimulants? There are some cases of temporary depression or collapse, where stimulants could be employed, seemingly with great benefit, and be discontinued when nature reasserted herself. Had we not agents which acted as mild stimulants on the brain alone, as we have to the stomach, and were followed by no unpleasant after effects? He had recently seen a case, in the practice of another physician, where the Con. Tin. Avena Sativa (from common oats) had been used with gradual but very gratifying results. Had we not, in this preparation, a stimulant without a reaction or unhappy after effects? He was disposed to think highly of it.

Dr. Aldrich regarded the indiscriminate administration of stimulants as one of the most absurd practices (to call it by no harder name) that had ever prevailed. It was closely allied to venesection, and the application of different metals for the cure of disease. It may not be so fatal as the first of these, but it had injured just as many. He was glad to know that the craze was passing away. A few years since, alcoholics were regarded as the sheet anchor in pneumonia, in the Massachusetts General Hospital. He was informed within the year, by one in a position to speak with authority, that it was all changed, alcohol being given only when great depression existed. He thought the man who should discover a process for extracting the medicinal properties from all drugs, and producing an efficient fluid extract, without the use of alcohol, would confer a blessing on mankind, and a benefit upon medical men which could hardly be estimated.

Dr. Robert A. Reid then read a paper, entitled,

SUSPENDED ANIMATION OR TRANCE, AND DEATH AND THE MEANS WHEREBY WE MAY DISTINGUISH BETWEEN THEM.

This paper will appear in our next issue.

Prof. Burrell, of Lewiston, Maine, spoke concerning the eclectic college of that place. The trustees asked the recognition and support of the society, at the same time they invited the closest investigation, and asked that three censors be appointed to closely examine into all its affairs. He offered a series of resolutions for consideration, and adoption if deemed proper, commending its course.

After some brief discussion, Dr. Aldrich moved, on the ground that little was known of the workings of the college, and therefore it was unwise to commit the society to its endorsement, that the censors asked for be appointed, and the resolutions tabled. The motion was lost, and Dr. Newton then moved that the third resolution—that three censors be appointed by the President to attend the commencement exercises, and also visit the college at such times as may to them seem best—be adopted, and the others lie over for future action. This carried, and Drs. C. E. Miles, Milbrey Green, and Robert A. Reid were appointed as such censors.

The Executive Committee recommended Dr. D. L. Powe, of Boston, for membership, and he was duly elected.

At 1 P. M., Dr. Nathaniel Jewett, Orator of the Day, delivered the Annual Address, after which the Annual Dinner was served. Among those who responded to sentiments were Mayor Palmer, for "The City of Boston," Rev. Howard N. Brown, of Brookline, for "The Clergy," and William E. Bryant, of the Boston Journal, for "The Press."

Among the appointments made for the ensuing year were the following: Orator, J. D. Young, of Lawrence; Anniversary Chairman, S. C. Ames, of Boston; Anniversary Committee, S. C. Ames, J. Jackson, M. Green and G. H. Merkel; Auditing Committee, John Perrins and P. E. Howes; Committee on Essays, P. E. Howes and A. W. Forbush; Publication Committee, C. E. Miles, M. Green, F. L. Gerald and Robert A. Reid. Fifteen delegates to the National Association were appointed, also delegates to other state societies.

Taken as a whole, this was one of the most successful meetings the society has ever held. The attendance was good, the interest increased and well maintained throughout, and we believe that there is just occasion for congratulation, and assurance that the cause of liberal medicine and the interests of the Massachusetts Eclectic Medical Society are further advanced than a year ago to-day.

THE VERMONT STATE ECLECTIC MEDICAL SOCIETY.

The Vermont State Eclectic Medical Society held its Eighteenth Annual Session in Montpelier, May 30th, and was called to order by the President, W. D. Waller, M. D., at 10 o'clock, A. M.

The Secretary called the roll of members and read the minutes of the last meeting, which were approved. The Treasurer read his report, which was adopted. There being a number of candidates for membership in waiting the Board of Censors retired. Communications from the Maine Medical College, and from Prof. A. Wilder, of New York, were read by the Secretary and laid on the table. The Board of Censors returned and reported for membership, J. M. Clark, M. D., of North Adams, Mass., and Fenn J. Hart, M. D., of Wallingford, both of whom were elected by the society. Adjourned till 2 o'clock, P. M.

The society was called to order by the President at 2 o'clock, P. M., and the following committee on nominations was appointed; Drs. H. E. Templeton, Geo. H. Gray, and L. L. Tanner.

The above committee submitted the following report for the action of the society, viz.: President, Dr. H. J. Potter, of Bennington; Vice-Presidents, Drs. W. E. Bailey, W. F. Templeton and S. G. Soules; Secretary and Treasurer, Dr. Geo. H. Gray, of East Calais; Censors, Drs. W. D. Waller, W. F. Templeton, and S. G. Soules; Auditor, Dr. G. C. Washburne; Librarian, Dr. J. M. Templeton. The report was accepted and the several officers were elected by ballot.

The annual address by W. D. Waller, M. D., was delivered, and the thanks of the society were tendered to him for his very able and interesting paper. Dr. W. Woodward read a paper on Cinchona and its Alkaloids, which excited free discussion. Society adjourned till 9 o'clock, May 31st.

May 31st, 9 o'clock, A. M. Society called to order, President H. J. Potter in the chair. Minutes of yesterday's meeting read and approved. Dr. W. R. Woodward read a paper on the History of Medicine, which was listened to with great interest, and the thanks of the society were extended to Dr. Woodward. Dr. H. J. Potter read a paper on Septicemia, which brought out a lengthy discussion. Adjourned to 2 o'clock, P. M.

Meeting called to order at 2 o'clock, P. M., President H. J. Potter, M. D., in the chair. It was ordered that a committee of three be appointed by the chair to draft resolutions, placing this society in sympathy with the National Eclectic Medical Associa-

tion. The chair appointed Drs. H. Ingham, W. D. Waller and H. E. Templeton said committee. Dr. Woodward introduced the following resolution:

Resolved, That Article 4, Section 1, of the Constitution of this society be amended by striking out the words, "Last Wednesday and Thursday of May," and inserting in lieu thereof, "Third Wednesday and Thursday in June."

The above resolution was unanimously adopted. The committee on resolutions reported the following:

WHEREAS, The Vermont State Eclectic Society wishes to declare its sympathy and accord with the great National movement of medical reform and advancement, and believing that it may be the better accomplished by a declaration of union with the National Eclectic Medical Association, therefore,

Resolved, That we, as a medical association, declare ourselves in union and accord with the National Eclectic Medical Association, and be it further

Resolved, That these resolutions be officially communicated to the Secretary of the National Eclectic Medical Association.

W. D. WALLER,
H. INGHAM,
P. L. TEMPLETON. } Com.

The report of the committee was unanimously adopted. The names of John Durkee and B. D. Bickford were ordered to be struck from the roll of membership, for non-payment of dues, and non-attendance on our annual meetings for three years.

Drs. W. F. Templeton, Geo. H. Gray and W. R. Woodward, were appointed a committee to revise our constitution and by-laws, and to prepare a code of ethics to report at our next annual meeting.

Dr. Geo. H. Gray was appointed delegate to attend the next annual commencement of the Maine Eclectic Medical College, at Lewiston, Me., and voted that his expenses be paid from the treasury of this society.

The thanks of this society were voted to B. O. & G. C. Wilson, of Boston, for the fine display of their drugs at this convention; also to the New York Pharmaceutical Co., of Bedford Mineral Springs, Mass., for samples of Viburnum compound.

The Censors made the following appointments: Delegates to National Association, Drs. W. F. Templeton, Geo. H. Gray and W. E. Bailey; Massachusetts, Drs. G. C. Washburn and W. D. Waller; New Hampshire, Dr. W. R. Woodward; Maine, Dr. F. H. Godfrey; New York, Dr. W. F. Templeton; Connecticut, Dr. A. D. Ayer. Essayist: Dr. W. R. Woodward, History of

Medicine; Dr. F. H. Godfrey, Inflammation; Dr. A. D. Ayer, New Remedies; Dr. T. J. Hart, Germ Theory; Dr. P. L. Templeton, Scarlatina. Drs. J. M. Templeton, W. F. Templeton and Geo. H. Gray, were appointed a legislative committee.

MICHIGAN ECLECTIC MEDICAL AND SURGICAL SOCIETY.

The Seventh Annual Meeting of the Michigan Eclectic Medical and Surgical Society was held in Kalamazoo, May 23d and 24th. Prest. E. Blackman and Vice-Prest. James Cannon being both detained by sickness in their families (Vice-Prests. Kermott and Shaw had died during the year), the society was called to order by Secretary H. S. McMaster, to whom we are indebted for this report.

Dr. D. W. Forsyth, of Dowagiac, was elected President pro tem. After prayer by Dr. L. A. Howard, of Litchfield, Col. R. F. Hill, village attorney, in behalf of Prest. Deyoe, in graceful and well chosen words, extended the hospitality of the village to the society and delegates from abroad. Numerous applications for membership were received, and during the meeting twelve active and two honorary members were elected.

The following are among the papers read, some of them eliciting considerable discussion:

"Surgery," by L. Sanders; "Specific Medication," by L. A. Howard; "Scarlatina," by G. L. Whitford; "Bright's Disease," by J. D. Kergan; "Metria Contagion," by W. B. Church; "Iritis," by D. W. Forsyth; "State Medicine," by A. G. Bruce. Many other papers were reported by title and referred to the publishing committee. Several committees made important reports. Two interesting clinical cases were presented. Officers were elected for the ensuing year as follows:

President, J. D. Peters, M. D., Plainwell; First Vice-Prest., P. B. Wright, M. D., Corinth; Second Vice-Prest., S. Rowe, M. D., Lawrence; Third Vice-Prest., D. W. Forsyth, M. D., Dowagiac; Secretary and Treasurer, H. S. McMaster, M. D., Dowagiac; Censors for one year, Drs. A. G. Bruce, V. A. Baker and John Babington; for two years, Drs. L. A. Howard, J. D. Kergan and S. W. Thompson.

The following resolution was adopted:

Whereas, For many years the people of the State of Michigan have been compelled to support at a large outlay a medical school, early saddled on to them, in connection with the State University, and

Whereas, In our opinion physicians, lawyers and other pro-

fessional men, whose chief stock in trade is their professional knowledge, should be required to obtain that knowledge, otherwise than at the bounty of the state, be it

RESOLVED, That we, the members of the State Eclectic Medical and Surgical Society of Michigan, whose patrons represent a large minority of the tax payers of the state, respectfully submit that while we heartily endorse the general educational features of the State University, we as heartily disapprove the teaching of medicine and surgery in any form in that institution, and would urge that all special departments be abolished from the same.

The following resolutions in regard to pending measures in the legislature for the regulation of the practice of medicine, were also adopted:

WHEREAS, Year after year for the past fourteen years, or ever since eclectic medicine has been organized in this state, there have been introduced at each session of the legislature, bills designed to regulate the practice of medicine, ostensibly, in the interest of public health, and

WHEREAS, These measures have not originated in any urgent demand of the people who are supposed to be the ones suffering most from the lack of regulation of the medical profession, but in the dominant school of medicine which already has sole control of the State Board of Health and the medical supervision of every asylum and prison in the state, besides having a free college for the education of physicians, supported by the taxes of all the people, and

WHEREAS, These bills have generally been drawn in the interest of one sectarian school of medicine in that they have provided for examining boards to be composed wholly or in the major part of allopathic physicians who have subscribed to a code of exclusive ethics, which does not permit them to recognize the practitioners of any other school of medicine as physicians at all, and

WHEREAS, The passage of any such one sided measure would be a manifest and gross injustice and an insult to the practitioners of the other schools of medicine recognized by the laws of this state, and

WHEREAS, It is not susceptible of demonstration that all college graduates or educated physicians are successful practitioners or that all uneducated physicians are failures in practice, and

WHEREAS, It is still a question if the educated quack has not killed more than the uneducated quack, therefore

RESOLVED, That we, the members of the State Eclectic Medical and Surgical Society, protest against the passage of any measure that would give to any one school of medicine a control-

ling interest in the business of regulating the profession, or that would tend to lessen or destroy a legitimate and proper rivalry between the existing schools in medical investigation and practice.

RESOLVED, That while we see nothing unfair in House Bill, No. 127, File No. 362, and while we do not believe any great good will come from such measures either to the people or the profession, we would express a preference for House Bill, No. 411, of those now before the legislature, because it places the business of regulating their practitioners in the hands of members of the three several state medical societies, thereby giving proper encouragement to those societies and placing the responsibility of examinations and licensing practitioners where it should belong.

The attendance was good, and more than usual interest was manifest throughout the meeting to the moment of adjournment.

The next meeting will be held in Grand Rapids.

SELECTIONS.

INSANE FROM FRIGHT.

THERE has just died at the Charenton Asylum, near Paris, a man who, thirty years ago, was condemned to death at the Seine Assizes for the murder of an old gentleman. The case had excited considerable interest, and the court was crowded with spectators. Among the persons standing behind the criminal, who was flanked by a pair of gendarmes, was an employe of the *Presse* newspaper, who had somehow contrived to wriggle himself into that position without attracting notice. Scarcely had the sentence been pronounced when this *Presse* employe, moved, as he afterward explained, by an uncontrollable impulse, passed his hand over the prisoner's neck in imitation of the keen blade of the guillotine, at the same time emitting a whirring sound. The man just convicted instantly fell forward with a shriek of terror, and the by-standers, indignant at this heartless and shocking act, rushed upon the *Presse* man and roundly abused him, who also was subsequently condemned to two years imprisonment. His victim never recovered the shock, but remained insane until his death. He was pardoned by the emperor, and confined, first at Bicetre, and afterward at Charenton, where he has just expired. He had the delusion that he had been actually beheaded in the Palais de Justice, and when relating the story was in the habit of imitating the sound that haunted him for thirty years.—*Gaillard's Journal.*

PINUS CANADENSIS IN DIPHTHERIA.

The following article, which we clip from the columns of the *Medical Record*, we would regard as either an unconscious or, what is worse, intentional exaggeration, were it not that our own experience, though not extensive, is strongly confirmatory of it. Many men eminent in the profession endorse it, as will be seen by reverting to our advertising pages:

Dr. D. M. Cool, of Wamly, Iowa, sends a suggestive letter describing the results of seven years' experience with diphtheria while practising in Chicago. During this time he saw several hundred cases of all grades of severity. Before adopting the treatment which he now recommends Dr. Cool had used sulphurous acid, chlorate of potash, iron, quinine, alcohol, etc., with fair success. He writes: "There came a time when my per cent. of deaths became much too large to be satisfactory. I was called quite early in the morning to see a child of Mrs. C——, three years of age. Two doctors had just left it saying it could not live until night. While thinking over in my mind what I should do in the case, a thought struck me to try extract Pinus Canadensis fluid. Acting upon this thought I wrote for Kennedy's extract to be applied to the throat by means of a swab once an hour. Internally I gave Labarraque's solution chlorinated soda, five drops once in two hours. With this I gave milk, quinine, and brandy. I called in the afternoon and was agreeably surprised to find the patient better. From that time to this, in a large practice, I have used the following: ℞.—Ex. Pinus Can. fl. ʒ j.; carbolic acid (95 per cent.), gtts. x. M. Sig. Apply (by means of a soft swab or camel's-hair brush) to the throat once an hour. Also, internally, Labarraque's sol. chl. soda, ʒ ij.; give, according to age, three to ten drops in water once in two hours. This, with the usual support, has been my treatment, with only the loss of four cases." A history of these cases is given, showing that in nearly every case the remedy could not be satisfactorily applied. Dr. Cool concludes: "I am not a believer in specifics, but this comes as near to one in my hands as well as in the hands of the physician whom I have given it to, as quinine is to a well-marked intermittent. In order to make it successful it must be applied frequently and thoroughly to the patient's throat, at least once an hour during the day, and once in two during the night. So far as I know, I am the first to use it in diphtheria. I had used it in leucorrhœa with fair success. The solution of chlorinated soda is useful through the chlorine it contains. In addition to this I apply salt to the throat externally."

SPONTANEOUS FORMATION OF GAS IN THE BLADDER.

Dr. F. P. Guiard reports the following case in *La France Medicale* of February 10 and 13, 1883. A physician, seventy-seven years of age, had suffered for a number of years from glycosuria, and also had a calculus, for the removal of which he had undergone the operation of lithotrity three times and cutting once. For the past three or four years he had noticed an escape of gas from the urethra at the end of micturition sometimes accompanied by a considerable report. The phenomenon was not always present, but was never absent for more than a few days at a time. Its occurrence was preceded by no peculiar sensations, and the patient could never tell before urinating whether it would be present or not. The gas was completely free from odor, and could not be of intestinal origin. Its passage occasioned no pain. The most thorough examination could not detect tne smallest vesical fistula. Three other similar cases were discovered and carefully observed by the author. In one of them the urine, when first passed, was in a state of effervescence, which the patient likened to that of champagne. All of the patients, were diabetic, and all of them had had instruments passed into the bladder for one reason or another. The author attributes this formation of gas in the bladder to a process of vinous fermentation in the saccharine urine. Germs had been found in the urine in two of the cases by another observer, but the author himself had never been able to procure the urine at the moment of the emissions of gas, and could not state certainly that it contained the sugar ferment. He thinks it most probable, however, that the fermentation germs were carried on the catheters or other instruments which had been introduced into the urethra. He proposed to designate this condition by the term of diabetic pneumaturia.—*Medical Record.*

LYMPHANGIECTASIS AND LYMPHORRHAGIA.

A Young woman has presented herself at the clinic of Dr. Paul zur Nieden gave the following history: When she was only nine years old she observed a dropping on the floor of a milky fluid, whicn the doctor said wos leucorrhœa. Two days later she noticed numerous little vesicles, about the size of a pin-head, upon the labia majora, and at the same time the external genitals became swollen. The dischare was very profuse, but was lessened by confinement to the bed. Soon afterward she had an attack of hæmoptysis followed by pneumonia, and there was no further trouble with the genitals for several years. When her

menses first appeared, however, the discharge began again. A milky fluid was exuded from the labia in such great quantity that at one time, she said, she collected over two pints in four hours. This was again controlled by rest in bed. When first seen by Dr. Nieden there was no spontaneous discharge, but the labia were studded with little vesicles, which exuded a white fluid on pressure. A small piece was excised from one labium, and for several days there was a flow from the wounded surface in considerable amount—five ounces in one night. The fluid was of alkaline reaction and contained only a few lymphoid cells, but very numerous fat-globules. Treatment consisted in the removal of portions of the labia with the galvano-cautery.—*Deutsche Medical-Zeitung*, No. 7, 1883.

CANCER OF THE PANCREAS, ACCOMPANIED BY PHLEGMASIA DOLENS.

Dr. L. Cane, in the *British Medical Journal*, reports the case of a clergyman, aged fifty-nine, who consulted him for dyspeptic symptoms, and said his friends had noticed he had not been looking well for some months. A few days after this he complained of pain in the right calf, and there was slight swelling of the leg and tenderness along the inner side of the leg and ankle. Two or three days after the right leg became similarly affected, and it was found that the right saphenous vein was plugged. A careful examination was made to ascertain the cause of the phlegmasia dolens; cancer was suspected, but no evidence of its existence was detected. Three months afterward the patient gradually became aphasic; he could write, but not spell correctly. A few days after this it was noticed that gradual paralysis of the right arm and right side of the face was coming on. It was not until six months after the patient was first seen that any tumor was detected, but when emaciation had become marked, Dr. Cane detected on the left side a flat, irregular mass, apparently adherent to the spine. The patient rapidly grew weaker, and died unable to make any mental effort, but apparently conscious.

At the *post mortem* examination it was found that a large irregular mass occupied the place of the pancreas, extending downward about four inches. A number of cancerous glands, joined into one mass, surrounded the aorta and vena cava. The case, says Dr. Cane, illustrates remarkably the statements of Trousseau on phlegmasia alba dolens, that frequently the presence of phlegmasia dolens serves as a valuable aid in diagnosing the existence of deep-seated visceral cancer, in which there is no appreciable tumor.—*Medical Record.*

DIAPHRAGMATIC PLEURISY.

Pleurisy of the diaphragm, or, more strictly speaking, of the supra-diaphragmatic space, is always very difficult to diagnose, physiological symptoms being very incomplete, or altogether wanting. Gueneau de Mussy has indicated some signs which, however, are of good value in elucidating the question in favor of this variety of pleurisy. He discovered that the phrenic nerve is painful to pressure in the accessible points of its course between the two origins of the sterno-mastoid muscle. Also pressure on a circumscribed portion of the epigastric region awakens an acute pain. This spot is situated in a point corresponding to the intersection of two lines—one coming from the external border of the sternum, the other from the osseous part of the tenth rib. Gueneau de Mussy named this point the button of the diaphragm. Thus, whenever a patient is found to present these symptoms, the case, *cæteris paribus*, may be safely diagnosed as diaphragmatic pleurisy.—*Cor. Med. Press.*

CANNABIS INDICA: A VALUABLE REMEDY IN MENORRHAGIA.

In the *Brit. Med. Jour.*, May 26, 1883, Mr. J. Brown, of Bacup, observes:

"Indian hemp has been vaunted as an anodyne and hypnotic, having the good qualities of opium without its evils. Also in dysmenorrhœa and insomnia it has not proved of much benefit. The drug has almost invariably produced some marked physiological effect, even in small doses. Text-books give the dose as ten minims and upwards, but five minims is the largest dose that should be given at first. If bought from a good house, the drug is not inert or unreliable. A drug having such marked physiological action ought to have a specific use as a therapeutic agent. Indian hemp has such specific use in menorrhagia—there is no medicine which has given such good results; for this reason, it ought to take first place as a remedy in menorrhagia, then bromide of potassium and other drugs. The *modus operandi* I cannot explain, unless it be that it diverts a larger proportion of blood to the brain, and lessens the muscular force of the heart. A few doses are sufficient; the following is the prescription:

"℞.—Tincturæ cannabis indicæ,	*m* xxx.
Pulveris tragac. co.,	ʒ j.
Spiritus chlorof.,	ʒ j.
Aquam ad,	ʒ ij.

One ounce every three hours.

"Four years ago I was called to see Mrs. W., aged 40, multipara. She had suffered from menorrhagia for several months. Her medical attendant had tried the ordinary remedies without success. Indian hemp was given as above. Its action was speedy and certain. Only one bottle was taken. She was afterwards treated for anæmia, due to loss of blood. Twelve months after this my patient sent for a bottle of the "green medicine." I learnt afterwards that she had sent this medicine to a lady friend, who had been unsuccessfully treated by another medical man for several months for the same complaint. It proved equally successful. The failures are so few, that I venture to call it a specific in menorrhagia. The drug deserves a trial. It may occasionally fail; this, however, is not to be wondered at in a complaint due to so many different causes, and associated with anæmia and other cases of plethora."

Robert Batho, M. D., M. R. C. P., Castletown, Isle of Man, writes in reference to the same subject: "Considerable experience of its employment in menorrhagia, more especially in India, has convinced me that it is, in that country at all events, one of the most reliable means at our disposal. I feel inclined to go further, and state that it is *par excellence* the remedy for that condition, which, unfortunately, is very frequent in India.

"I have ordered it, not once, but repeatedly, in such cases, and always with satisfactory results. The form used has been the tincture, and the dose ten to twenty minims, repeated once or twice in the twenty-four hours. It is so certain in its power of controlling menorrhagia, that it is a valuable aid to diagnosis in cases where it is uncertain whether an early abortion may or may not have occurred. Over the hemorrhage attending the latter condition, it appears to exercise but little force. I can recall one case in my practice in India, where my patient had lost profusely at each period for years, until the tincture was ordered; subsequently, by commencing its use, as a matter of routine, at the commencement of each flow, the amount was reduced to the ordinary limits, with corresponding benefit to the general health. Neither in this, nor in any other instance in which I prescribed the drug, were any disagreeable physiological effects observed.

"I could say a few words in its favor, as to its action in allaying irritative cough, but I prefer confining myself to a point on which experience has left me no room for doubt."—*Medical and Surgical Reporter.*

A MONSTROSITY.

On the 6th inst., a male child was born of Mrs. Jacob Baltz, of this vicinity, with the following monstrous peculiarities:

There is no external opening to the rectum, and not even an indication in the appearance of the integuments where the anus should be. The contents of the bowels are discharged through the urethra several times through the day, and possess all the qualities of the feces of an infant of its age. Gas also escapes through the same avenue, with a whistling noise, having the sulphuretted odor, showing its source to be in the alimentary canal. The prepuce is defective, covering less than half of the glans. The raphe is drawn up abnormally, by which the testicles are strangely pendant. The veins distributed over the abdomen, together with the integuments, present a bluish tint. There are no other anatomical imperfections.

The child nurses, and has been ordinarily nourished, though not so well developed as it should be at twenty-three days. It is also fretful, and cries a great deal. When the feces pass there is much straining, and apparent tenesmus. There are two other children in the family, a boy and a girl. They are both healthy and well formed, with the exception of the right side of the head, which in both is manifestly larger than the left in all the features, especially the ears.

The parents are German, and are both large, healthy, and well-formed persons.—Dr. Turner, *in Med. and Surg. Rep.*

PRURITUS URETHRÆ DURING GONORRHŒA.

In the *Journal of Cutaneous and Venereal Diseasee*, April, 1883, Dr. Wm. L. Axford mentions a most intense itching of the urethra often observed during the third stage of gonorrhœa. All treatment was unavailing until he found that distention of the urethra afforded relief. The passage of a catheter, however, increased the inflammation, so he resorted to the following expedient, which he has found successful. The patient was directed to hold the end of the penis firmly between the thumb and index finger in such a way that no urine can escape, then to make an effort to micturate, thus thoroughly distending the urethra and keeping it so for one or two minutes, the sensations of the patient to be the guide as to the amount of force to be used.—*Medical and Surgical Reporter.*

HOW TO CURE A FELON.

We have seen in various medical journals at different times, how to cure felons. We have never seen our cure published, and we will give anybody fifty dollars who will try our cure and it fails. Well, so far so good. Now for the cure:

Take common salt, roast it on a hot stove until all the chlorine

gas is thrown off, or it is all dry as you can make it. Take a teaspoonful, and also a teaspoonful of pulverized Castile soap, and a teaspoonful of Venice turpentine, mix them well into a poultice, and apply to the felon. If you have ten felons at once, make as many poultices. Renew this poultice twice a day. In four or five days your felon will, if not opened before your poultice is first put on, present a hole down to the bone where the pent up matter was before your poultice brought it out. If the felon has been cut open, or opened itself, or is about to take off the finger to the first joint, no matter, put on your poultice, it will stop it right there, and in time your finger will get well, even if one of the first bones is gone. Of course, it will not restore the lost bone, but it will get well soon. Try it.—Dr. J. M. Hole, Salem, Ohio, *in Peoria Medical Monthly.*

OPERATING UPON A PERSON IN ORDER TO DETERMINE THE SEX.

Professor Porro recently performed an operation for no other purpose than to determine the sex. The individual requiring such unique interference was pseudo-hermaphrodite, aged twenty-two, had been brought up as a female, although all her (his) tasks had been masculine. The face and chest were like those of a man, although the breasts were considerably developed. The pelvis and lower limbs were like those of a woman. The mons veneris was slightly developed. There was a vulva, with a well-developed clitoris labia and a short vagina; no penis, no prostate, and no uterus. At the summit of what corresponded with the labia majora, near the inguinal region, two round bodies could be felt, which on pressure gave pain. The question was, were they ovaries or testicles. Professor Porro cut down on the right side, and found that the body was a testicle with epididymis and spermatic cord attached. The wound was closed up, the patient pronounced a man, and sent forth enchanted with his new status in society.—*Medical Record.*

TÆNIA MEDIO CANELLATA IN THREE MEMBERS OF A FAMILY.

Last October Mr. R. came to my office, wishing me to relieve his thirteen-year-old daughter of a tape-worm. I advised him to first bring me some of the proglottides as soon as they should be passed. He was able to demonstrate them to me in a short time, and I now prescribed for her as follows: Take to-night for supper nothing but oatmeal or barley gruel, and take nothing else

whatever before retiring but a cup of absinth tea made of one drachm of the herba absinthii. On rising in the morning take 2 1-2 drachms ext. filicis maris æth. and two minutes after 1-2 oz. ol. ricini, which passes the extract quickly into the gut. Half an hour later take another cup of the absinth tea the same as the night before.

The next day the father brought the tape-worm, head and all, in a bottle. He stated that it passed without trouble at half-past eight, one hour after the tea was taken, and that the girl was feeling a little weak, but well otherwise.

In January last the mother of the above case came and stated that she also had a tape-worm. I prescribed at once for her the same treatment, but in larger doses. She took a half ounce of the ext. male fern and two drachms of the herb in each cup of tea.

In April the 14-year-old son came with the same statement. I prescribed for him the same as for his sister.

The effect was in all cases the same, and in the same short time, without any bad consequences, and the above treatment has never failed me in any case.

When Mr. R. brought the last specimen, he thought he would rather not have any more raw beef in his family after this. They had always freely indulged in it contrary to my advice.—Dr. Voje, *in Medical and Surgical Reporter.*

FISSURE OF THE ANUS.

(Thomas Hay, M. D., in Medical and Surgical Reporter, April , 1883.)—The value and efficacy of iodoform in fisure of the anus will bring this remedy into general use in the treatment of this painful and heretofore incurable lesion, without operation by the knife or forcible rupture of the sphincter-ani muscle.

As in cases involving the greatest danger, so with fissure of the anus—if the trouble can be cured by simple means, without suffering to the patient, and in reasonably due time, the operation of cutting or forcible rupture is not justificable, and both these means of radical cure must give way to the more simple, if such may exist. With the experience I have had in the use of the local application of iodoform in cases of fissure of the anus, I am encouraged to bring the value of this remedy to the notice of the profession in these cases. In their treatment with this remedy, the alvine evacuations should always be maintained in a soft condition; the bowels should never be allowed to become constipated or relaxed; the anus, and parts involved by the fissure, should be kept constantly clean and free from deposit and dry incrustations;

and, with one or two evacuations a day, the case may be speedily cured by the local use of iodoform. It may be dusted, in *very fine* powder, upon and into the fissured parts or applied in the form of ointment or suppository. The application of the simple powders, if properly prepared, three or four times a day after each evacuation, and in the intervals, is often sufficient. In some cases, however, the undiluted powder—although thoroughly powdered—causes some pain. In snch the iodoform may be mixed with powdered gum acacia, if a powder be preferred, or may be made into an ointment with vaseline, or suppository with the oil of theobroma. Balsam of Peru, carbolic acid, and oil of peppermint, will moderate the intensity of the iodoform odor; but this can hardly be requisite for application in this situation. The application of the remedy may be followed by a little smarting, but soon after its use the sensibility of the parts becomes benumbed, and even defecation may go on without consciousness so far as concerns the development of pain during or after the process. That this remedy applied as above directed and indicated will cause complete unconsciousness of the act of defecation, I doubt —I have never witnessed such result in any case that has come under my notice, and still the benumbing influence of the remedy is decidedly potent. As in applications to the conjunctival surfaces of the eyelids, the first and most important factor in the successful and painless use of the remedy consists in the proper preparation of the powder. It should be made *very fine*, and not the smallest crystal be allowed to remain unpowdered. The neglect of this precaution when applied to the eye has caused the most painful inflammation of the ocular and palpebral conjunctiva, and, applied thus imperfectly powdered to the anus, would likewise cause intense suffering and, as in eye-practice, would be abandoned and declared to be dangerous and valueless, if intelligence did not bring relief.—*Practitioner.*

TO ABORT A STYE.

Dr. Louis Fitzpatrbck, who has recently returned from Egypt, where all kinds of eye affections are extremely common, writes to the *Lancet*, April 21, 1883, that he has never seen a single instance in which the stye continued to develop after the following treatment had been resorted to: The lids should be held apart by the thumb and index finger of the left hand (or a lid retractor, if such be at hand), while the tincture of iodine is painted over the inflamed papilla with a fine camel's-hair pencil. The lids should not be allowed to come in contact until the part touched is dry. A few such applications in the twenty-four hours are sufficient.

EDITORIAL.

"In things essential, unity; in things doubtful, liberty; in all things, charity."

LL. D., NOT M. D.

HARVARD has decided to make an exception in disfavor of Gov. Butler, to its hitherto universal rule of letting its doctorate of laws fall alike on the just and unjust, the literate and the unlearned, so long as they are Governors of Massachusetts. This decision is in nowise noteworthy, save in the length of time and the effusion of language which was required to arrive at it. It cannot be said that Butler is really wronged by the refusal, though he is the only Governor, for nobody knows how long, who has not received the honor. He is an LL. D. already, and as his name goes ridiculously resounding down the ages with the tin kettle of a doctorate attached to it, nobody, save the compiler of the Harvard catalogue, will pause to inquire by what mischievous institution of learning these mystical letters were tied on. Butler got his degree, shortly after the war, from some fresh-water seminary, and the Democratic press, which now smoothes his wrinkled front with fond caresses, took a wierd delight in referring to him as "Doctor" Butler. Harvard cannot make him less a doctor than he is, nor, strictly speaking, more. At the same time it cannot be denied, that to a sensitive soul (?) like Butler's, there must be a sadness associated with this refusal. According to Coke, there are certain things which it is no particular credit to know, but a deep disgrace to be ignorant of, and so a Governor of Massachusetts might say of the Harvard degree, that while there is no honor in its bestowal, there is a positive stigma in withholding it. To have a set of people who have been showering promiscuous and perfunctory degrees upon Governors of Massachusetts ever since such officials were, suddenly declare that they must draw the line somewhere, and have decided to draw it at him, must be the excess of bitters in the cocktail of Butler's felicity. It is questionable whether you can sue a college for defamation of character in withholding a degree which is one of the immemorial appendages of your official station. If you can—if the courts will entertain such an action—it may be put down as certain, that Butler will not fail to bring it. His hatred of Harvard, his fondness for a row, his perverted, but still keen sense of humor, would all be gratified if he could get the Overseers into court, on an order to show cause why they should not give him a degree, or an application for a mandamus,

that a doctorate should be issued to him forthwith. This would be very gratifying to Butler, and highly amusing to the general public. The gist of the matter lies here: Academic honors should only be conferred where academic qualifications exist. The violations of this wholesome rule have been numerous, indeed our American colleges have vied with each other in conferring certificates of proficiency in sciences upon men who were profoundly ignorant of them.

Dartmouth is said to have considered whether or no she would confer the degree refused by Harvard. *The New York Times* thinks that with President Bartlett, Dartmouth has all the load she can carry, and should think twice before she adds to her burdens.

EXCORIATION AND FISSURE OF THE NIPPLE.

These are affections so common, and withal so troublesome and painful, that their treatment should be a matter of interest to every careful and judicious practitioner, and, as a matter of fact, and one too little appreciated by physicians, success in practice often depends more on attending to some such apparently trivial affection, than in the successful management of a complicated medical or surgical case. Although of themselves, they are comparatively of little moment, they are, nevertheless, of more than usual importance, standing, as they do, as common causes of inflammation of the mammæ, which results only too frequently in the formation of mammary abscess. By due attention, much may be done in the way of prevention, and women, especially those among the higher classes, they as a rule being more vulnerable, should be instructed to lave the nipple, for some weeks prior to confinement, with some mild astringent or stimulant lotion, nothing being better, so far as we know, than dilute alcohol, or a solution of tannin in glycerine. Physicians should instruct patients as to these matters of prophylaxis, otherwise the case comes with excoriation already present, and then the measures must be of a curative nature. Here again the application of gentle astringents is indicated, nothing being better than the frequent use of a common domestic remedy—strong, cold tea. This proving inefficient, as it sometimes will, recourse must be had to the applications recommended above, or some other of the similar medicaments of which there is an endless variety. The use of remedies prejudicial to the child, such as preparations of lead, or of course, opiates, is to be avoided, and no matter what the nature of the application may be, it should always be gently washed off before the child is allowed to nurse. In obstinate cases the following will be found a capital application, in fact it

is now our custom to order it at once when the case first comes to notice: ℞.—Acidi Tannici, grs. iij; Glycerini, ʒ ss; Ung. Cetacei, ad. ℥ j. To be washed off each time before nursing and re-applied immediately after.

Fissures are even more troublesome than excoriations, for though at first they seem but trifling, each application of the child tears them open afresh, thus undoing the healing process of the interval, and torturing the unfortunate mother. A common cause of failure in these cases is, a failure to bring the medicament—here again we regard the ungent, above mentioned, as most valuable—into contact with the denuded surface. The best plan is to introduce it into the "chap," by means of scraped lint or "charpie." Should the margin of the fissure become callous, it will never heal in that condition, and the application of nitrate of silver to the edges will do good. The use of a nipple shield to protect it from the friction or pressure of the dress is to be advised, and when nursing becomes very painful, as it frequently does, the artificial nipple, of which there is an infinite variety, will protect the parts from the violence which they suffer from a vigorous and healthy child, and sometimes, especially if the case be neglected in its incipiency, it will become necessary to consign the child to the care of a wet nurse. Dr. J. H. Bencher, writes as follows to the *Peoria Medical Monthly*, concerning what he calls "the best treatment for cracked nipples I have tried. This condition had bothered me a great deal until I concluded that the local application of sub-nitrate of bismuth might be of benefit. I prepared it as follows: Bismuth, ʒ ij; Vaseline, ℥ j. This remedy may not be new, bnt will help some who have never tried it. With me the results have been highly satisfactory."

A DECIDED ACQUISITION,

It is interesting, amusing, and more or less instructive, to note the history of the remedies, and their name is legion, which have, within recent years, been put forward as candidates for professional favor. Some have been announced with a flourish of trumpets and loud praise of their supposed efficacy in certain affections, in which they were to prove specifics, but have speedily fallen into disrepute, since their utility was based either upon insufficient observation, or a desire to achieve notoriety. Others again, though the conclusions on which they were introduced were somewhat hasty and exaggerated or faulty, have had good grounds for claiming notice, and have proven decided acquisitions. Of the latter class no other has given us more satisfaction than the Cascara Sagrada, and from frequent journalistic com-

ments which we see, we judge the general professional opinion to be decidedly in its favor. In prescribing the Cascara Cordial (P. D. & Co.'s), the form in which we prefer to use it, we notice that some of those not acquainted with its properties, employ it as a cathartic, a custom, it appears to us, which is not to be commended. We have made rather an extended use of this preparation, and our experience leads us strongly to confirm the opinion of Dr. Bundy (an eclectic by the way) who introduced it to the profession, that the rhamnus is not to be regarded as a cathartic, but as a stimulant to the secretory organs, and a general tonic to the intestinal muscular coat, thus acting as a gentle laxative. Wherever and whenever a laxative effect is desired, it may be used, and it will prove of great service in the various forms of dyspepsia, into which constipation so commonly enters, either as a complication or cause.

In cases attended with a feeling of distension and weight after the ingestion of food, or of gaseous eructations, from a "want of tone" of the stomach, we administer it with the nux vomica, sometimes also adding an alkali, and give it before or after the meal, as the case may be. If there be a deficiency of the acid gastric juice, we give it before meals, on the theory that the presence of an alkaline condition of the contents of the stomach favors the secretion of an increased amount of acid. If, however, the complaint be of an excess of acidity, we give it after food. Cascara cordial is an elegant vehicle for the administration of other remedies, especially taking the place of the simple elixir, whenever a slightly laxative effect is desired. Dr. C. E. Miles recommends the cascara cordial (October number, 1882,) as a valuable remedy, both on account of its efficacy and pleasant taste, in the treatment of infantile constipation, the annoyance of which every physician knows too well.

The Boston District Eclectic Medical Society, which usually adjourns over the warm season, will this year meet at the regular time in July—second Tuesday—at Ocean Spray, as the guest of President J. D. Young, M. D., of Lawrence, who is summering at the former place.

Upwards of fifteen hundred full pledged doctors were turned out of the various colleges this year, to prey upon a suffering people. What will become of them—the doctors? It is easy to guess what will become of the people.

Dr. Druitt, the author of Druitt's Vade Mecum, and other works on surgical topics, recently died in England.

REST AND RECREATION.

JUST now many of our patrons are arranging for a respite from their ordinary labors for the purpose of rest and recreation, and how and where they may best pass their time is often a question involved in some doubt in their own minds, and the family physician is called on for advice. Especially is this the case when the patron has become invalided from the cares and burdens of life.

To decide these questions judiciously, requires discernment and thought on the part of the physician, and the result may be of great importance to the one seeking relief by a change. As to the *manner* of passing a vacation there can be no doubt that the majority fail of the desired benefit through devoting themselves unceasingly to pursuits to which they are unaccustomed, and to methods of living entirely unsuited to them. Undue physical exertion and needless exposure should be avoided by those, who, seeking recreation, seek also a renewal of health.

Rest, as a rule, is but little thought about at this time, and hence both body and mind are undergoing a new sort of fatigue, instead of getting that recuperation that should come from the quietude that tired and jaded nature craves.

The *place* where rest and recreation is to be found varies much with different individuals, and the temperament, habits, and general condition of health, will have much to do with the location they should select. We are not all alike, and what is pleasure or rest to one may be torture to another. The seashore, the mountains, the city, the country, the West, the East, the quiet home, or the scenes of gaiety, such are environments suited to certain of the great multitude seeking for change, and to properly direct such as may seek our advice, and to do the best when acting for ourselves, are matters requiring some experience and judgment.

M.

BOOK NOTICES.

ZYMOSIS, by G. Hermann Merkel, M. D. Published by Charles Lynde & Co. For sale by Carl Schoenhof, 146 Tremont St., and Cupples, Upham & Co., Boston. Price, 50 cents.

This work, to which the Committee on Prize Essays of the National Eclectic Medical Association awarded the "Band" Prize, is one of the most complete upon the subject of zymotic diseases, with which we are familiar. According to it, the term zymotic diseases embraces not only epidemic, endemic, and in-

fectious diseases, but also those which result from privation, unwholesome or insufficient food, and those due to parasites. It briefly, yet clearly, reviews the various theories extant as to the origin of disease, including the germ theory and that of spontaneous generation, and explains the production of microscopic organisms, and the law of propagation. It groups diseases, according to origin, under four heads—miasmatic, enthetic, dietetic, and parasitic. According to our author, bacteria, to which have been assigned so important a role in the production of morbid processes, are of themselves harmless, the mistake being is taking an effect for the cause and *vice versa*. The following are among the postulates of the argument: (1) That every change from a normal condition is caused by a *materies morbi* in a state of ferment. (2) That this is a collection of disorganized material which has undergone chemical change. (3) That zymosis or fermentation is the outcome of destructive changes in organic substances.

Putrefaction is named as the essential origin of fermentation, and fungous organisms are the outgrowth of it. Disinfection is regarded as the great remedy, and prophylactic and ozone, chlorine and other agents are mentioned as among the better means for prevention. It is a valuable contribution to the literature of zymosis, and worthy a place in every physician's library.

MISCELLANY.

A New Method of Destroying the Fœtus in Cases of Extra-Uterine Pregnancy.—Dr. Kochmann, of Strasburg, reports a case of extra-uterine pregnancy, six months advanced, in which the fœtus was destroyed by a single application of sparks from a static battery. The duration of the sitting was about fifteen minutes, and sparks about one and one-half centimetres long were drawn.

Glycerine in Phthisis.—Recently Drs. Jaccoud and Ferrand have been trying glycerine, as a substitute for cod-liver oil in phthisis, and with so much success that the former orders it in every case where the oil is not borne, and under its use the patients increases in weight, the cough diminishes, and the dyspnœa is in many instances considerably ameliorated.

Why Some Subjects are Studied so Much.—Dr. Da Costa has said: "If one has not too much to do he writes a short paper on phthisis; if one has little to do he writes a long paper on phthisis; if one has nothing to do he writes a book on phthisis."

The same writer says: "Gynecologists, as a rule, part their hair and their names in the middle, and never die until they have invented pessaries and speculums innumerable.

A Case of Polyorchism was observed in Bulgaria, in a farmer eighteen years of age. There were three testicles, two being on the right in the scrotum, one above the other.

Death from a Fall on a Needle.—*La Presse Medicale* reports a curious accident, resulting in the death of a little girl, three years of age. The cnild had picked up a needle, and was running with it to her motner, when she fell upon the needle, which penetrated the fourth intercostal space, the eye of the needle alone remaining outside the wound. The mother withdrew it by means of her teeth, but the child died before medical aid could be obtained, probably from internal hæmorrhage, which, gradually pressing upon the lung, brought about extreme dyspnœa.

The Swallowing ob a Silver Half-dollar.—A peculiar case is that described by Dr. C. E. Webster in the *Boston M. and S. Jour.*, May 31, 1883. The coin lodged transversly in a vertical plane, so that a sound could pass it without obstruction, thus giving rise to the opinion that it had passed on into the stomach. The patient died from hæmatemesis, the result of two small ulcerations and consequent perforations into the aorta, at the site of lodgment of the coin.

Odontalgia of Pregnant Women.—M. Lindner strongly recommends the following potion in the dental neuralgia so common in pregnant females, and not caused by dental caries. He has found croton chloral of most benefit, as its analgesic effect persists several days:

℞.—Croton chloral, gr. xij.
Aq. menth. piperit, ʒ j.
M. For one dose. To be taken in wineglassful of wine.

Cold-Taking.—The past winter has been one of unusual severity in the West; in Iowa during January, the mercury was below zero on twenty-five days, and on two occasions it went to 33° below, yet Dr. Z. Carey, of Bangor, Iowa, notes in the *Cincinnati Med. Recorder*, May 15, 1883, that the people were singularly free from "*colds*" and catarrhal affections. But as soon as the warm weather commenced, there was a regular epidemic of catarrhal diseases, such as sore throats, bronchitis, lung fever, etc. This observation tends to emphasize, what we all know, but do not sufficiently realize, that it is not exposure to *cold* alone, but *sudden changes*, that prove injurious.

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ORIGINAL COMMUNICATIONS.

AN ODD CASE OF STONE.

BY MILTON JAY, M. D., CHICAGO, ILL.,

Professor of Surgery and Clinical Surgery in Bennett Medical College.

IN July, 1881, Mr. C—, æt. 40, presented himself at my clinic, for examination and treatment, with the following history. He had been told that when he was about two years old, a small phosphatic calculus was removed from the urethra. From that time until he was 38 years of age he had experienced no trouble of that character. In May, 1879, however, while stooping he was attacked with very severe pain in the perineal region and shortly after on urinating he noticed blood in the urine, which continued to appear at intervals. He was treated for kidney trouble; he obtained no relief; but "rather grew worse." Upon examination with the sound I detected a stone in the bladder, and later operated for its removal, through the perineum. It was about the size of a small hen's egg; was composed chiefly of phosphate of lime, and was rather brittle. Recovery was speedy, no untoward symptoms supervening, and he was up on the fourteenth day, the urine all passing the urethra, the perineal wound healed. I had not used a catheter in the case. On the seventeenth day he left the hospital, and I heard nothing from him until October, 1882, fifteen months later, when he was again

brought to my clinic, on a couch, as he was too feeble to walk. He was now a mere skeleton, being reduced from 150 pounds, his former weight, to 85 pounds. He had not been able to walk, and had not been off his bed for four months. There was a vesico-rectal fistula through which most of the urine escaped, with extensive suppuration from both fistula and urethra. Digital examination per rectum, revealed a stone at the fistula, which seemed to be "rooted and grounded" in that place. As the parts were so inflamed and sensitive, that I could not introduce a sound without causing intense pain, I administered chloroform and thoroughly explored the bladder, detecting a stone which I could grasp and measure with a lithotrite, and which I judged to be about the size of the one I had removed fifteen months before, and which I also supposed to be the one felt per rectum. Two days later I operated, through the perineum as before, removing a stone, and as I supposed the only one, but on exploring further, I found the one in the fistula still there, and seemingly intent on remaining. It was completely *encysted*, and it was with difficulty, *literally torn* from its bed and removed. A quantity of blood and pus escaped with it. Exploring the bladder again a third stone, larger than either of the others was found, in the anterior wall of the bladder, which was also encysted. It could be grasped just above the pubes, and was removed with greater difficulty than the preceding one. Seemingly the lining of the bladder was extensively torn, and extensive suppuration followed for a few days. After dislodging the third stone, it was crushed and removed piece-meal; the bladder was thoroughly washed out with tepid water and hamamelis, and the patient was given a quarter grain of morphia, hypodermically. After a good sleep, he said, "I feel better than I have for three months." Not to enter into further details, the patient recovered slowly, the bladder being washed twice daily for ten days with a weak solution of hamamelis and hydrastis; marsh-mallow and hydrangea being the principals of the internal treatment. Irrigation of the bladder was continued through the urethra, after the perineal wound had so nearly closed as to prevent the introduction of a catheter through that opening. Phosphatic and lime, sediment, continued to pass from the urethra, and the small opening in the perineum would

become incrusted with the deposits. Then the urethra would become inflamed by the gritty substance until a catheter would have to be used to draw the urine, or the perineal opening enlarged? Thus matters continued for about two months, when I used an injection of a two per cent. solution of "Boro-citrate of magnesia" which in a few days cleared the fistula of phosphatic incrustation, and the wound healed. I have since had him take internally, teaspoonful doses, three times a day of a solution of the same remedy, of the strength of a half drachm to the ounce of water. The patient was in my office today, looking and feeling well. He weighs 150 pounds. Aside from some peculiarities in this case, there is a practical question or two, which might be alluded to; some lithotomists, and among others Sir Henry Thompson of London, and Dr. Bigelow of our own country, who deservedly rank the highest in this department of surgery, advocate lithotrity or crushing, in all cases, instead of lithotomy or cutting. This certainly was a case where, lithotrity could not have been performed. The stones could not have been released from their resting places, without an external opening, and the urethra was so inflamed that the fragments, of crushed stone, could not have been removed through that canal, Nor could the bladder have been so thoroughly washed without an external opening, and this was the essential part of the after treatment. Where there is likely to be such extensive laceration and suppuration following, I believe there is oftentimes great advantage gained by combining the two operations; by performing lithotomy through the perineum, then crushing the stone, and removing it, if it be of large size, or if from any other cause it be deemed advisable. I do not believe it wise to recommend one mode of procedure to the exclusion of all others in any operation even if the edict has gone forth from the very highest authority. "Try all things and hold fast that which suits you best."

*CONVULSIVE TREMOR: A RARE DISORDER, WITH AN ILLUSTRATIVE CASE.**

BY C. E. MILES, M. D., BOSTON HIGHLANDS.

WHAT I have to say concerning convulsive tremor is necessarily limited, as its literature is meagre, and I have seen but one case of the disease. Indeed, the most I can hope to do is to call the attention of the members of this society to the malady so that

*Read before the Massachusetts Eclectic Medical Society.

they may be better prepared to meet it if they have not already observed it, and with them to study its pathology, phenomena and treatment.

Dr. W. A. Hammond, in his "*Diseases of the Nervous System*," sixth edition, p. 696, is the principal authority I have been able to consult on the subject. He says: "In the year 1822, Dr. Pritchard, under the name of convulsive tremor, gave an account of two cases, presenting somewhat similar features to the one before us," referring to the case he—Dr. Hammond—was then considering. He also refers to one or two others who have written somewhat on the subject, but very briefly.

May 18, 1882, I visited G. P., æt. 46, a German by birth, single, a short, spare man, and below the average intellect. Had "fits" in his infancy, and did not talk until his 10th year. Had worked in a rubber factory for nearly 25 years, except during an illness from abscess of the rectum, many years since, and from the effect of which he had never fully recovered. He had left his work the day before I saw him on account of a severe headache and dizziness. He had some difficulty in walking home, a distance of half a mile, and had eaten but little after his return, and slept poorly during the night.

I found him in bed, his right arm jactitating violently, and the tendons of the hands tremulous; the head was drawn to the right side and forward. At times the respiration was difficult, occasioned by the paroxysmal spasms of the diaphragm. These attacks continued from five to ten minutes, and then there would be a few minutes intermission, to be followed by another paroxysm. During these attacks he could neither speak nor swallow, but was apparently conscious all the time, and so affirmed when the paroxysms had ceased. The pulse was about 80 per minute, and the temperature seldom arose to 100° F.

These paroxysms continued to recur at intervals of from one to thirty hours for six days, when they ceased. On June 2, after the lapse of nine days, they set up again, and behaved much as in the first onset, for five days, and then recurred only once in two or three days, until June 29th, when six days elapsed before he had another paroxysm, since which time there has been no return of the malady. Each paroxysm was followed by a pro-

fuse cold perspiration, and great prostration and loss of appetite.

The only variation in the phenomena of the attacks was that in some of them both arms were alike convulsed, and in a few instances both legs as well as the arms were similarly affected, the tremor of the tendons of the feet at these times being as manifest as in the hands. The head was always drawn to the right, and in some of the last paroxysms there was marked opisthotonos.

Headache and dizziness preceded, accompanied, and followed the attacks. The face was always deeply flushed during the paroxysms, and in two or three instances when they continued for two or three hours with but a few minutes intermission, the eyes became somewhat congested.

Hearty meals, mental excitement and constipation evidently tended to excite the paroxysms.

On examining my patient I was at a loss for a diagnosis, for the phenomena presented were unique to me, except as it was obvious enough that I had to do with a disordered nervous system. It could not be epilepsy for there was no loss of consciousness. Was it chorea? Certainly not, for the disease manifested itself in paroxysms, and the movements were rapid and tremulous, and were followed by perfect quiet. Nor could it be hysteria, for the spasms were clonic, and there was not anything in the clinical history of the case that pointed directly to its phenomena. The paroxysmal character of the attacks also diffenentiated it from the structural diseases of the cerebral and spinal tissues. My thoughts then reverted to Dr. Hammond's description of convulsive tremor, and I soon became satisfied that my patient was suffering from that disease.

As regards what shall be called convulsive tremor; what are its causes; what its morbid anatomy; and what its pathology, I shall quote a few of the *considerations* of Dr. Hammond, for so far he has hardly expressed positive opinions on the subject. His treatment is fully set forth in his work to which I have previously alluded. The treatment adopted in my own case will be presented presently.

Dr. Hammond says: "Under the designation of convulsive tremor, I propose to include all those cases of non-rhythmycal

tremor or clonic convulsive movements which are unattended with loss of consciousness, but which, nevertheless, are paroxysmal in character." p. 696. Farther on, he concludes that "convulsive tremor is an affection characterized by clonic convulsions affecting the voluntary muscles and unattended by loss of consciousness or by mental aberration, though sometimes there is emotional disturbance." * * * p. 704.

The causes he believes to be obscure, as a rule, though in some of his cases alcoholic and sexual excesses were the apparent provocatives of the attacks.

The morbid anatomy and pathology of the disease he considers to be "an irritation of the nerve-centres in the cortical substance of the cerebrum, conjoined with an hyperæsthetic condition of the medulla oblongata and upper part of the spinal cord." p. 705. And again, he says,—"The morbid anatomy of the affection under notice is entirely a matter of supposition, and indeed there are not many data for forming an opinion relative to the essential nature of the structural alteration. So far as we can judge from a consideration of the phenomena, the seat is in the cortical substance of the brain, and in the medulla oblongata and upper part of the spinal cord. The disturbances of the respiration and circulation point to these latter organs as a part of the anatomical substratum." p. 707.

The treatment in the case reported, was, in the beginning, tincture of gelsemium, min. x, in a tablespoonful of water; this remedy was continued in five minim doses every half hour for four doses.

I continued the remedy for another twenty-four hours in minim doses every two hours. The bowels were greatly constipated, and failing to relieve them by the common enema of water, brown soap and castor oil, the compound liquorice powder, ʒ i, to which Merrill's leptandrin, gr. v, was added, was administered and acted well. After this the bowels were kept soluble most of the time by the enema just mentioned. The diet consisted principally of milk and broths. As the paroxysms recurred I resorted to the bromide of sodium in doses ℈ i—℈ ij, until the attacks ceased to recur. On the 10th day of the sickness I prescribed as follows: ℞.—Ergotine (Squibb's), gr. xxx; Ext. Quassia, gr. xxxv; Bromide Zinc, gr. xlv. M. Make pill No. xxx. One

of the pills was taken at 7 A. M., 1 and 9 P. M. In the after attacks, during the paroxysms, the pills were discontinued and the bromide of sodium was administered as in the first attack, with gelsemium in alternation in ten minim doses until the physiological effect was produced on the eyelids if so much was needed. The permanent treatment was the bromide of zinc pill, and the cure apparently is complete.

SUSPENDED ANIMATION AND DEATH, AND THE MEANS WHEREBY WE MAY DISTINGUISH BETWEEN THEM.

BY ROBERT A. REID, M. D., BOSTON.

A FEW months since, a clergyman, a warm personal friend, made a rather unusual request of me. His daughter had died a few days before, after a lingering and painful illness, dating back to an attack of acute rheumatism complicated with endocarditis, and resulting in a badly damaged heart. The mother, herself a delicate person, and worn by constant and untiring devotion to the sick one, had spoken of persons being buried before life was extinct, and in order that there might be no possibility of such painful doubts being entertained afterwards, he asked me to come and open the brachial artery. Within a year there died a wealthy stock broker of this city. In his will, made sixteen years before, he bequeathed a considerable sum of money to his physician, on condition that he severe his—the testator's—head from the body before burial. This however was not done, inasmuch as the will was not read until after the body had been interred. These two instances but illustrate the wide-spread fear that exists, of being buried alive. The recorded cases, incontestably proven where the living have been buried are not so very many in this country, and yet beyond doubt more or less such cases occur, but in Europe, especially in those countries where the law requires speedy interment after death, many, very many have been noted. Two have come within my own knowledge. The first occurred some years since in the vicinity of my old home. A man died, as was supposed, and was buried. After a time the widow, intending to return to her father's home, caused the body to be exhumed for removal. On opening the coffin the horrible fact was revealed

that the unfortunate man had revived, and turning his head had gnawed and lacerated his right shoulder, indicating the horror and torture of his situation. In the second case a lady of wealth was buried with a valuable diamond upon her finger. The following night the sexton, lured by the costly jewel, entered the vault where the body had been placed, and removing the coffin lid attempted to remove the ring. This he was unable to do owing to a swollen condition of the finger, and procuring a small saw he proceeded to cut the finger off, when, to his horror, as the saw began to cut, the lady uttered an exclamation of pain and sat up. She lived for many years after and became the mother of two children. The tragic interest of such an event and its easy adaptability to their purpose has made its occurrence a frequent incident in the plot of the poet, the novelist, and the dramatist. What calamity could equal in horror that which would overtake one, who, conscious of what was going on around him, unable to make known the fact that he lived and realized that the loving care and ministering hands of relatives and friends were destroying all hope of escape, were obstructing all means of resuscitation, and irrevocably sealing his doom? Or who can consider unmoved the torture, mental and physical, which would sieze upon one who should wake from unconsciousness within the narrow bounds of a coffin, or the walls of a tomb? Touching the first of these two conditions, Gandolfi, an eminent writer on forensic medicine, says that without doubt, in some rare instances "persons supposed to be dead, may be the witnesses—the mute and fear stricken witnesses—of their own funeral; they may know perfectly well that they are going to be put into coffins, and thence into the earth, and yet be powerless, alive as they are, to avert the awful catastrophe," and the following well authenticated case is related: A German, Schullehrer, (schoolmaster) was pronounced dead by a physician. The funeral was fixed for a certain day, but as a sister who lived at a distance had not arrived, it was postponed. The "deceased," in his winding sheet, and unable to move and apparently unable to breathe, heard with joy of this delay, and vainly tried to open his eyes or in some way apprise them of the fact that he still lived. At length the sister arrived, and being ushered into the room where he lay, burst into a paroxysm of

tears and seizing his hand reproached him passionately for having died without one word of farewell. She took his head between her hands and wildly called upon him to speak once more—when the eyelids were seen to quiver, the eyes opened, and he was rescued. This is simply the story as related by the man himself. Gandolfi asserts that many such cases have been recorded in Europe, at one time and another, and most of them have been proven and authenticated.

Apparent death may result from natural causes, from disease, or from the action of drugs. Suspended animation, or technically asphyxia without pulse, is the term applied to a state or condition wherein there is a complete suspension of objective signs in an organized living body, but there is not a total cessation of all vital action. In many cases comparatively, the graphically recalled thoughts of the victims prove that the functions of the cerebrum or thought centres, were stimulated by fresh blood, and in no case is it believed that the circulation is completely stopped. Hibernation or the condition of torpor in which certain animals and reptiles pass the winter months, is probably the most conspicuous and common example of suspended animation, and one which has been most carefully studied in all its details. In a retired spot, a crevice among the rocks, a cave perhaps, the animal reposes. Respiration at first apparent, becomes slower, and manifest after ever increasing intervals, and at length cannot be detected; the heart beat is slowly and still more slowly performed, until it too disappears beyond the recognition of all save the most practiced ear; the temperature sinks considerably below the normal and the state of hibernation is complete. A perfect case of suspended animation, but not death. If the circulation should cease it would be a case of death, not apparent but actual, for it is well known that after only a comparatively brief period of non-circulation, animation cannot be recalled. Sufficient oxygen may pass through the skin, to ærate the blood during hibernation, for while the capillary circulation continues, even though the heart no longer beats, ganglionic death has not occurred, and the possibility of resuscitation remains. Syncope is suspended animation, often with little or no change in the circulation, while sleep is another and the most common example of it, and after extreme

exhaustion simulates death, and indeed sometimes imperceptibly passes into it. How common the comparison.

"How wonderful is Death,
Death and his brother *sleep*!"

Continued sleep is the synonym of death. "He giveth his beloved *sleep*." Other examples of suspended animation are catalepsy, hypnotism, lethargy, and a certain condition of the drowning, together with profound narcotism, and anæsthesia. The difference between death and a state of trance—or *Todt* and *Scheintodt* as the Germans express it—has never been quite clearly understood by the general public, and the physician is sometimes asked to explain the cause of this *apparent* death, or to indicate or institute the tests whereby it may be distinguished from actual death, for the distinction between the two may sometimes be masked, and the two conditions may so closely resemble each other as to demand the closest and most intelligent professional scrutiny.

The story of the Indian who survived a burial of more than a month, whether it be true or not, is historical, and many are the cases which might be cited to prove that suspended animation may so counterfeit death as to pass undetected. Some years ago, during an epidemic of variola in Toronto, Canada, a man died, as was supposed, of that disease. He was encoffined, and was being lowered into the grave, when he revived and called out. He was removed to the pest house and made a good recovery. In these days when land is dear, and burial rights are less sacred than the rights of builders and contractors, coffins have been opened by the pickaxe more than once, in the act of converting cemeteries into streets and building sites. Here a grave has been opened whose inmate has turned in its shroud; here a corpse clutching its hair in a strained and unnatural position; dead men and women lying in their graves as they never lie in a christian land at the time of burial. The presumption is that these were premature burials.

In 1879, a young girl died, as was believed, in Piedmont, on the eve of her wedding day. Heart disease, on which is laid the responsibility of many sudden deaths, no doubt often from other causes, was assigned as the cause, and it was supposed that her

place in society would "know her no more forever." As the earth fell with a dull thud on the coffin in the grave, strange noises were heard proceeding from it, and the superstitious grave diggers fled, while the mourners fell on their knees and began to pray. But the stout hearted bridegroom insisted that the coffin be opened. It was done, but too late; the girl was found in an attitude of horror and pain impossible to describe; her eyes wide open; her teeth clinched; her hand clutching her hair, but life was extinct.

Cardinal Espinosa, being dismissed from office as Minister to Philip II., of Spain, fell to the ground as if dead. It was decided that the unfortunate man should be embalmed, and in the midst of this process he awoke and struggled with the operator, but too late, the wounds he had received were mortal.

In the *St. Apostoln Kirke* (Apostle's Church), in Cologne, I saw a picture which commemorates the rescue from the tomb, of the wife of a celebrated Knight, who was attacked by the plague which was then raging, and having fallen into a deathlike swoon or trance was interred in the church. Being awakened from her trance by a thievish grave digger, in his attempts to abstract her ring, she returned to the house of her husband, and lived for many years in perfect health.

But there are other cases—two fold burials—which are, if it be possible, more horrible still, in which one person is supposed to be buried, but really two lives are sacrificed. An Italian lady "died" during the eighth month of pregnancy, her husband being absent at the time. On his return the day following the funeral, he caused the tomb to be opened, that he might gaze once more on the face of his wife. She was indeed dead, but death had transpired in the grave. A child struggling into existence met the gaze of the afflicted man; it was rescued, and lived to attain manhood and political and military distinction.

From the same country comes the horrible narrative of a poor woman who died just before confinement. Being of the poorest of the poor she was buried uncoffined. A week later the grave was opened to admit another, when the woman was found to have "moved in the grave." Her eyes were staringly frightfully; she had tried to bite the bands with which her wrists were

bound together. But the bands of her legs were rent asunder, and there in the dust lay a dead child.

But it is needless to farther prolong the list of examples. The existance of a state of suspended animation or trance, so closely resembling death as to sometimes pass for it, seems proven, and must be acknowledged.

Few question the possibility of such a state. The question is, how is it to be distinguished from death, actual and absolute? A more vital or important question could hardly arise. It concerns communities and individuals; it is of vital interest to you and to me. If there is a chance of premature burial, be it ever so remote, we want to know it, and still more, the means whereby it may be obviated. It is of interest to each, both as it concerns his own body, and in a two fold degree, as it relates to those near and dear to him. Believing in the occurrence, not to take exhaustive precautions to guard himself from such a dire calamity would be, in the individual, an act of negligence; not to preserve his wife and children, aye, and the community at large, from the danger of such a double death, would be, in the citizen, a criminal omission. Death may be defined as the distinctive cessation of all those functions, the aggregate of which constitute life; it is commonly preceded by painful symptoms styled the "agony"; may be "natural," the result of disease or old age; or "violent," the result of injuries; may be "molecular," limited to a part; or "somatic," affecting the whole body, and may begin at the heart, or the lung, or the brain, or in the spinal cord, or perhaps in the the blood, though the latter is questionable. The ancients believed that death must commence in the heart, lungs, or brain, and therefore called these organs Atria Mortis—the Halls of Death. Paralysis of the sphincters, the variation of the temperature, the complete absence of the respiratory murmur, and of the sounds of the heart, the softening of globular structures, hypostatic hyperæmia, and other *post mortem* changes, are among the most reliable signs that indicate that we are "in the presence of the dead."

Among the tests that may be, and in any doubtful case *should be*, employed, is the one resorted to in the case of the clergyman's daughter—opening an artery. If blood flows in jets and

is of a bright color; life remains; if however, it be patulous and empty, the life, of that region at least, has departed.

About six hours after death cadaveric rigidity hardens the muscles and stiffens the joints, and after a variable period passes away. These conditions are subject to many variations as to time and degree. Taylor says, (Taylor's Jurisprudence,) "I believe it may be safely said that there has not been a single instance of resuscitation after rigidity has once begun in a body." The complete and permanent dilatation of the pupil—if not caused by the action of atropine or other mydriatics, or following brain or spinal injuries—is strong presumptive evidences of death. Relying upon this sign alone, Dr. Jessop, of King's College, London, restored a child that was pulseless, without respiration, and with fallen jaw. He says, in connection with the case, "if a fully-dilated pupil be found in connection with the cessation of respiration and circulation, we may safely conclude that life is extinct." To anyone who has closely watched the final actions of the dying, the sudden, sometimes almost lightning-like dilatation of the pupil appears the most pronounced change that occurs.

A mirror, or any other metallic substance with a smooth surface, and of low temperature, will condense the vapor of the breath if air continues to be expired.

A bright needle, or other instrument of *steel*, inserted into the body during life, soon becomes more or less tarnished by oxydation. If, however, life is extinct, the needle will retain its polish and brightness, even after a considerable interval. Pricking a part abounding in capillaries, as the lip or the tongue, is followed by the escape of at least a drop of blood if the circulation is still carried on. After death, however, no such flow will take place.

A ligature around the finger tight enough to compress the veins and not the arteries, which are deeper, will cause congestion, discoloration, and swelling in the living, but not in the dead. A bright concentrated light sent through the normal hand of a living person, similar to the way in which light is used in the diagnosis of hydrocele, will develop a more or less pronounced pink hue, but in the hand of the dead, a pallid, dusky, grayish white. Dr. Larcher, of Paris, pointed out recently what he believed to

be the most certain and earliest reliable sign of death. It consists in the presence of a blackish, at first not perceptible, spot on the sclerotic, which grows darker and darker. It is first seen on the outside of the pupil, then shows itself nearer and nearer the inner corner, draws closer to the centre of the organ, and at last unites and forms an elliptical segment on the lower convexity of the eye. This is said to signify the change from rigor mortis to putrefaction "it is the sign of death, the herald of corruption."

The effect of electricity applied distinguishes a living from a dead body, to this extent, that the muscles respond in inverse ratio to the length of time intervening after death. No response to a strong current is strong presumptive evidence of death. In 1880 the case of a convict in Hungary who was resuscitated by the electro-galvanic current after he had been pronounced dead and cut down from the gallows, was officially reported. The superficial application of heat to the skin causes a blister to form alike in the living and the dead, but in the dead it is filled with air, in the living with serum, and is circled with a broad band of redness. As a rule the temperature of the dead body gradually falls from that peculiar to the disease which caused death, to the normal, and finally to that of the atmosphere. This however is not to be relied upon as a test, since there are exceptions. In malignant cholera, in cerebro-spinal meningitis, and small-pox, an increase of temperature has been noticed sometime after death, and a case is reported on excellent authority, wherein at the autopsy after the viscera had been exposed fully ten minutes, the thermometer placed under the left ventricle, indicated 113°. M. Bouchut in a prize essay wrote: "The absence of the sounds of the heart, listened for during more than one or two minutes, is an immediate and certain sign of death." A marked exception to this rule, is related in Taylor's Jurisprudence, of a Col. Townsend who possessed the astonishing power of a seeming voluntary death, *i. e.*, he could suspend the action of the heart and lungs for half an hour. In the eye also important signs of death are to be found. The film over the eyeball, the dulness of the cornea and the collapse of the globe are usually signs of death, though they may precede it in Asiatic cholera, or be delayed sometime after it in apoplexy, or some cases of poisoning. In the fundus of the

eye, characteristic changes are to be seen with the opthalmosope, such as intense whiteness of the disks, and disappearances of the retinal arteries.

Some one of the tests enumerated may not, singly and separately, be conclusive proof; each one, however, is strengthened by the presence of any other, and when taken together they are sufficient to live by and die by, and when intelligently applied will prevent all premature burials. Physicians should decline to certify that all sudden deaths are due to heart disease or apoplexy, unless so proven by a *post mortem* or other conclusive evidence. They should positively refuse to allow a body to be placed on ice until the existence of death is determined beyond a doubt. No doubt the vital spark has been frozen out of many an unfortunate one. They should decline to give an opinion as to actual or apparent death, unless allowed to apply as many of these tests as they may deem proper. The public should be taught the foolishness of refusing *post mortem* examinations, and should be made to understand that in so refusing they criminally gratify their own selfishness, and deprive the victim, if any life remains, of a means of resuscitation, for more than once the first cut of the scalpel has restored to consciousness, a supposed corpse.

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

(American and Foreign.)

NEW YORK ACADEMY OF MEDICINE.

SECTION IN OBSTETRICS.

Dr. Paul F. Munde read a paper on

THE TREATMENT AND CURABILITY OF CHRONIC UTERINE CATARRH,

of which and the discussion that followed, we make a summary:

While the diagnosis of this disease was easy, and its pernicious influence on the fertility of the female sex was obvious, the question of its successful treatment was by no means so easy of solution. It was to this subject that he particulary wished to invite attention, for cases of this kind occur to the general practitioner probably quite as often as to the gynæcologist. He did not propose to discuss all the methods of treatment which have been and

may be employed with more or less benefit, but to describe briefly the plan which he had employed for several years, and which he found to answer fairly well in a majority of cases.

It was utterly useless to expect to cure a chronic uterine catarrh by such mild remedies as the plain or even compound tincture of iodine, the solution of nitrate of silver, even one drachm to one ounce, or pure carbolic acid.. They will certainly fail in chronic corporeal endometritis, and in the cervical variety they will surely increase the discharge. He had faithfully tried these milder remedies, and had never seen the slightest benefit in the cervical, and but temporary relief in the corporeal variety.

If the patient was a virgin or a nulliparous married woman, it would generally be found necessary, after thoroughly exposing the cervix (in the virgin usually at the expense of the hymen), to enlarge the external os. This was essential for two reasons: first, to give free vent to the accumulated endocervical mucus, and second, to allow the ready application of the remedies.

After the os had been enlarged, the next step was to destroy, as thoroughly as possible, the cervical glands which furnish the annoying mucous secretion. To do this effectively, once and for all, a sharp curette, with cutting edge (Sims's or Simon's), should be taken, and the whole cervical canal up to the internal os scraped until the creaking sound told you that the subglandular base had been reached. One need not be afraid to do this thoroughly, since no harm can be done, and unless the glands are entirely destroyed, their secreting power is liable to survive. When the whole canal felt smooth, he should apply, on a cotton-wrapped applicator, or, what is better, a wooden or glass rod, pure nitric acid, being careful to protect the external surface of the cervix and the vagina by packing cotton underneath. This application must be so thorough as to give the cervical canal a charred, yellowish-black appearance, with not even a drop of blood issuing from it. In order to effectually protect the cervix from the acid, he frequently used the cylindrical speculum after curetting. Any excess of acid should be mopped up with cotton, and several tampons covered with vaseline placed against the cervix.

If the patient was a multipara, it was rarely necessary to enlarge the external os; indeed, it was generally lacerated, and more or less gaping. And sprouting from the surface of the everted lips would be found more or less numerous fungoid granulations, which were partly enlarged papillæ, and partly distended follicles. These must be removed in order to cure the hypersecretion, and to put the cervix in proper condition for the plastic operation of Emmet. The sharp curette was here also an excel-

lent instrument, although the curved scissors were often more rapid and efficient in removing large and tough vegetations.

It was these same papillomatous growths which to the comparatively uneducated touch felt like epithelioma, and gave rise to mistaken diagnoses and unfavorable prognoses. A mere clip of the scissors removed them, and left a clean, smooth, although raw, surface, which needed only to be attached to its opposite fellow by sutures to effect a cure.

After removing these granulations, the surface should be painted with tr. iodine, or sol. arg. nit. (℥j. to ʒj.), or iod. phenol; or, if the production of a superficial slough appears desirable, nitric acid should be applied, and an emollient tampon inserted.

The operation of crucial incision of the external os, followed by the sharp curette and nitric acid to the cervical cavity, had better be performed at the residence of the patient, and the latter kept quietly in bed for a day or two at least. Not that it was attended by special danger; he had performed it many times in his office or the dispensary, and seen no bad effects from it. But within the past two years he had met with three instances of unfavorable reaction to this treatment, which has induced him to observe the precautions usually advisable in all operative procedures about the uterus.

As for catarrh of the endometrium proper, he seldom used the sharp curette above the internal os, except when it was his purpose to remove vegetations or hyperplastic mucous membrane of unusual exuberance, or where the dull curette had not prevented the return of the disease. And then he was also tempted to follow the curette by fuming nitric acid, and had seen none but good results follow this apparently heroic treatment. But, as a rule, he found the dull curette and milder caustics (iodized phenol, co. tr. iodine, sol. arg. nit. ℥j. to ʒj.) sufficient to effect an improvement.

An indispensable condition to the safe and effectual application of caustics to the endometrium, was the patulousness of the uterine canal, particularly the internal os. Fortunately this was usually the case, the discharge softening the tissues and dilating the canal. But when nitric acid was to be applied, it was always well to secure a canal of sufficient width to permit the easy insertion up to the fundus of a straight rubber stick wrapped with cotton, and a previous dilatation with a tupelo tent for a couple of hours would attain this end.

Whether the application be made to the whole uterine canal, or to the cervix alone, it must be remembered that the more powerful the caustic the longer would it be before the slough sep-

arated; that of nitric acid usually taking from five to seven days; that of iodized phenol or pure carbolic acid, three to four days; that of tincture of iodine two days. Not until the slough had separated should a second application of a milder nature be made. He employed a solution of nitrate of silver, one drachm to one ounce; or tincture of iodine, and continued these applications every other day, or twice a week, until the raw surface was glazed over, or a return of the discharge showed that the severe treatment had not been effectual and required to be repeated wholly or in part. It should be remembered, however, that so long as constant applications of caustic are made to a raw surface, it cannot heal. Hence it was well, after a couple of weeks of steady treatment, to allow the patient a week's rest, in order to give nature a chance to heal the wound; if she then failed we must begun again, and perhaps a third and a fourth time.

That *hot* injections should be steadily used whenever there are no tumors in the vagina need scarcely be mentioned. The vaginal leucorrhœa usually present was effectually controlled by painting the canal through a cylindrical speculum with a mixture of fluid extract of hydrastis canadensis and glycerine, equal parts, and placing a couple of tampons, soaked in this fluid, into the vagina, to be removed in twenty-four hours. As an injection, a tablespoonful of the plain fluid extract of hydrastis in a pint of water was excellent to continue the more powerful effect of the application just mentioned. He had found this remedy superior to any other astringent in vaginal leucorrhœa, as it could be used undiluted without cauterizing or eroding the vagina or vulva.

Patients with chronic endometritis or endocervicitis should be treated at least twice a week, and usually every other day. The more chronic and aggravated the case the more frequent the treatment. As improvement manifested itself, intermissions of several days, or a week or two, would be made, in order to test the persistence of the benefit.

The prognosis as regards permanent cure would always be a doubtful one, so long as some time has not been allowed to elapse since the discharge of the apparently cured patient. A temporary improvement, or even an entire cessation of the discharge, may, in a few weeks or months, be followed by a fresh attack of the disease. This experience is common to chronic catarrhal affections of all mucous membranes. And only by means of constant, unremitting, and long-protracted treatment can a permanent improvement or a CURE be obtained. His experience certainly furnished him with a fair proportion of cases in which, after several months of the treatment above described, an improve-

ment was obtained of such duration as to leave the patients entirely free from uterine discharge for three and six months. Whether the cure was really permanent afterward, he was unable to say, as such patients who came from a distance were lost sight of; of those living in the city, he inferred a permanent cure, since it is fair to suppose that, having once been benefitted, they would have returned had the disease recurred.

His experience, at all events, did not coincide with that expressed by the words of one of our most eminent gynæcologists when giving his opinion on two cases of sterility depending on chronic uterine catarrh (one endometritis, the other endocervicitis) which recently consulted him, viz: "This is an instance of that interminable uterine catarrh, which is practically incurable." Both these cases came to him utterly discouraged, and after three months of the treatment here described were discharged, to all appearance cured, having been free from discharge for one month without treatment. Whether they remained so was, of course, another matter. But they were both certainly relieved long enough to give them a chance to conceive, and if this happy event should take place, nature alone could, during the puerperal state, complete the cure. And if this one attempt at relief failed, and after some months the discharge returned, as all catarrhs are liable to do, better success might attend a second course of treatment. It certainly did not seem right to discourage all such patients and deprive them of all hopes of maternity (should they chance to be nulliparæ) when experience has shown us how much good a thorough, persevering course of local treatment will do them.

Dr. W. Gill Wylie said that he agreed with the author of the paper in many respects, while he differed from him upon several other points. In the first place, he had not met in his practice with quite so many cases such as had been described by Dr. Munde and others as incurable. There are cases of endocervicitis which undoubtedly are incurable unless we destroy the mucous membrane, but he did not think they were so common as had been supposed, and the same could be said of edometritis.

Although the subject of etiology did not enter into the paper, there was one point to which he would direct attention, namely, he believed that many of the so-called cases of incurable uterine catarrh were due to the general condition of the system, or to a diathesis, and that although the catarrh might be improved temporarily, if the diathesis was permitted to remain uncorrected the local condition would return. Dr. Wylie also believed that uterine catarrh was more frequently due to disease of the Fallopian tubes than had heretofore been considered. He had lately had two

cases of this character under observation. In one the patient had been treated for several years, but still there was a purulent discharge in the vagina, especially when the patient was upon her back. After treating her for a little time by the use of the glycerine and alum tampon, which not only by pressure but by producing an alterative change, affected the parts, he was able to readily diagnosticate this condition of the tubes, and after they had been removed he could press exactly the same kind of discharge from the tube which he had always found in the vagina. He had seen other cases in which the discharge was mechanical in character, and came from the tubes.

His method of treatment for uterine catarrh was not so heroic as that which had been described by Dr. Munde. If a patient came to him with cervicitis, with the slighest tenderness, he commenced with simple applications of pure glycerine upon cotton, not oftener than once in three days. He followed this for a time with a saturated solution of alum in glycerine, to which had been added a very small quantitity of carbolic acid, making the applications once in three or four days. Then for the first time he passed a sound, and, as a rule, especially if the patient had not borne children, it would be found necessary to dilate the cervical canal. For that purpose he employed Sim's instrument, dilating first the external and then the internal os to some extent, and then began the treatment of whichever cavity was diseased. If the mucous membrane of the cervix was extensively diseased, after trying astringents, although they did not do much good, he generally used the curette, particularly if the patient complained of menorrhagia. After using Sim's curette thoroughly, he made an application of pure carbolic acid, and rarely used anything more powerful than this. He did not like to use nitric acid because of the possible contraction of the eschar. He was very certain that the cervix did contract after the use of the actual cautery. One reason why a cure was not affected was that the curette and local applications were, too frequently, not thoroughly done. The same remarks applied when the lesion was higher up. Applications to the uterine cavity without dilating to some extent the internal os, were of no use whatever. The application should be made through the curved silver tube, so that it can be delicately touched to every point, and if so done, seeing that each little delicate recess was touched with the local application, many of these cases can be cured which have heretofore been regarded as incurable. He did not believe that there were mnay cases in which nitric acid was necessary above the os internum. As a rule, in his hands carbolic acid accomplished all that could be desired. If the uterus was soft and large he used iodine. If the

uterus was indurated and hard, being in the position of anteversion, and the patient complained of trouble about the bladder, etc., having been about town under treatment for years, he had found that these cases were about the easiest ones which he had to treat, because they had been almost universally treated without enlarging the internal os. But in these cases, even with the uterus enlarged and the cervical canal open, he always prepared the parts by removing tenderness with the applications of glycerine and alum, and if the cervix was not open, subsequently dilating it with the Sims dilator, observing throughout the strictest rules of cleanliness, wetting the instrument with some antiseptic, as carbolic acid or iodine. Frequently these cases will be relieved within a week, and can be cured within six weeks by adopting this plan of treatment. He really thought it was the method of applying the treatment rather than any special treatment of itself, as it was in many other cases, which makes it successful. He also thought that if the general condition of the patient was neglected, probably the local condition would return, and of all the diatheses which might give rise to it he thought that the rheumatic was the most active.

Dr. L. Weber said that he was glad to hear that Dr. Munde regarded his cases as cured, for the time being at least. The treatment which he had adopted for several years was that practised by Amann, of Munich. After dilating the internal os, with the tupelo tent, with the thorough application of the curette, Sims' in preference, he had followed the plan of Professor Amann, in using mitigated nitrate of silver, making a thorough application to the mucous surface. This he had usually done with the ordinary Lallemand's porte-caustique. He had not seen any disagreeable results from this method of treatment. He had known of two deaths following the use of nitric and chromic acid. Whether he had absolutely cured these cases he was unable to say postively, but he knew that they had received a great deal of benefit from the treatment which he had adopted.

Dr. Weber also believed that there was an undoubted connection between these intractable catarrhs and the geueral condition of the patient. He should prefer to lay stress upon the intimate connection between this local condition and the scrofulous or tuberculous diathesis rather than gout or rheumatism. Again, in at least half the cases he had seen, such as the general practitioner very often encounters, the disease had followed early abortions. He related one such case, in which acute tubercnlosis developed after miscarriage, and the patient died within two years.

Dr. Tauszky said he had found mild applications the best to

be resorted to at first. He had not used nitric acid, but had for the most part followed the rule which the late Dr. Peaslee recommended, namely, commence with mild applications, and then gradually reach the strongest solutions. In most cases there was some form of displacement present which, of course, should first be corrected. For many years he had used cotton tampons after using glycerine in the preparatory treatment. If he failed with mild applications he then resorted to stronger ones.

The Chairman said he had never used nitric acid within the uterine cavity or the cervical canal. It occurred to him that we should consider the existing cellulitis, if any were present, and adopt measures to remove it entirely before proceeding further, and then consider the condition of the uterus. If subinvolution was present he had been accustomed to resort to hot water injections, the local application of glycerine, and was fond of applying a sponge-tent without curetting. The sponge-tents he had made with the utmost care, prepared antiseptically, and just before their introduction the surface was wet and covered with soap, and then rolled in finely powdered salicylic acid. After introducing the tent it was allowed to remain forty-eight hours, the patient in the meantime being confined absolutely in bed, the bowels having previously been moved freely so that it was not necessary during the forty-eight hours to rise for this purpose. In many cases, after the tent had been thus applied and removed, the catarrhal discharge had ceased entirely, and with it the condition of subinvolution had disappeared. In the event of failure he then resorted to more active measures. In those cases in which the uterus is anteverted he used tents, and after removing thoroughly with the curette, the degenerated mucous membrane of the uterine cavity, thoroughly wiped away all the blood, and removed every particle of secretion, he applied the strongest solution of carbolic acid; and he had been entirely satisfied with the results.

Dr. Munde, in closing the discussion, remarked that undoubtedly the scrofulous diathesis had a great deal to do with the production, or at least the continuance, of the disease under consideration. He was particularly pleased with Dr. Weber's statement concerning one point in the etiology of the affection, namely, that in the large proportion of the cases it followed early abortion, by which he supposed Dr. Weber meant subinvolution, which usually accompanies these cases. That had also been his experience, but, as had been remarked, the etiology of the disease had not entered into the scope of his paper. His principle object was to point out that many of these cases, which had been intractable to treatment, did not improve under *mild* applications, no matter how conducted, but would, in a certain proportion, get

well under *heroic*, *active*, *and persevering* treatment; at least get cured sufficiently long to get rid of their sterility; and if that was the prominent feature in the case the great object of treatment was accomplished. Dr. Wylie had laid stress on the preparatory treatment. This was perfectly correct. Dr. Munde did not speak of preparatory treatment to any very great length, because it was his special point to discuss active treatment for the cure of the disease. Preparatory treatment is quite as important, and in cases where the uterus is immovable it may be one of the essentials; but where the uterus is perfectly movable, it may be as well, perhaps, to go on with the heroic treatment at once.

For the class of cases to which Dr. Wylie had referred, Dr. Munde would not touch one of them with the curette or with nitric acid. If there existed cellulitis of the remotest origin he would not apply either the curette or nitric acid until, at least, he had tried all other methods without success. With regard to the objection to the use of nitric acid because it was liable to be followed by contraction of the cervical canal, Dr. Munde admitted that this contraction does take place, but he did not care for this because in these cases the canal is, as a rule, already too large, and a moderate amount of contraction is desirable. But it should be recollected that he did not recommend the application of the nitric acid sufficient to make a deep slough. With regard to carbolic acid having been sufficient, he could only say that he had occasionally succeeded in the use of this remedy, but he had more frequently failed. He had not used either the actual cautery or the galvano-cautery. He thought that Dr. Hunter's use of salicylic acid was an excellent one, but suggested that the results possibly might be due to the effect of the acid quite as much as to the effect produced by the sponge-tent.

CINCINNATI OBSTETRICAL SOCIETY.

At a recent meeting, Dr. Trusk presented a report on the hypodermic injections of morphia in puerperal eclampsia, of which we make the following summary:

Whatever may be the pathology of the convulsive seizures occurring in a certain percentage of pregnant, parturient, and puerperal females, there can be no manner of doubt that the treatment of these exceedingly alarming and fatal attacks by hypodermic injections of morphine is eminently successful. Mrs. W——, eight months advanced in her first pregnancy, complained of intense and persistent headache and dizziness; urine albuminous, and slight œdema of ankles and face. Under the use of purgatives, diuretics, and the bromides, the urgent symp-

toms subsided and she went on to the normal end of gestation. Taken in labor she again complained of very severe headache; albuminuria persistent; œdema considerable. Fearing convulsions, purgatives and liberal doses of chloral and the potassic bromide were again brought into use. After the lapse of twelve hours there was still no relief, the symptoms if anything being increased in intensity.

The labor promised to be protracted, dilatation being slow, and as convulsions were imminent, morphia gr. $\frac{1}{4}$ and atropia gr. $\frac{1}{90}$ were given hypodermically and were followed by prompt relief continuing three hours, when the symptoms returned and were again subdued as before. Dilatation progressed slowly but steadily, and in every other way the patient was in a favorable condition. Before the os had dilated sufficiently, the threatening symptoms returned, and now dimness of vision was complained of. The patient, realizing her condition, clamored for another injection, but her mother strenuously objected, "never had seen anything of the kind done in confinement cases, and had seen a good deal; had had eight children of her own and always got along," etc. While the matter was under discussion the first convulsion came,—due, the mother said, to those injections—and was quickly followed by others. As soon as the os was sufficiently dilated, forceps were applied and delivery effected. Convulsions threatened after delivery, but objection was overruled and the hypodermic injection promptly controlled them. A good recovery followed.

In a second case, he was called in consultation. The patient was then struggling with very severe convulsions. Delivery had taken place twelve hours before, after a moderately severe labor. The patient had made no complaint of headache, etc., during, nor immediately after delivery, but an hour later came a convulsive seizure. The paroxysms, at first of moderate intensity, and with rather long intervals, had steadily increased, both in violence and frequency, and for several hours unconsciousness had been uninterrupted. Large doses of the bromides, chloral, and purgatives had been given, but to no purpose. The patient was now profoundly comatose between paroxysms; pupils contracted between, and contracting and dilating alternately, without change of light, during attacks; pulse above 140 per minute, small and wiry; respiration extremely labored between seizures—apparently from excessive accumulation of fluids in the upper air passages, great quantities of a frothy, bloody mucus issuing from her mouth—and during attacks absolutely suppressed, the countenance assuming a perfectly livid appearance. Inhalation of chloroform seemed out of the question, and as the patient could

not swallow and enemata were not retained, hypodermic medication was the only resource left. Morphine and atropine, gr. $\frac{1}{2}$ and gr. $\frac{1}{40}$ were injected under the skin of the abdomen. One convulsion more, and only one, occurred, and that immediately after the injection. In fifteen minutes frothing from the mouth had ceased; the breathing was greatly improved; the pulse had dropped to less than 120, and was of good volume and force; duskiness of face had disappeared, and she seemed as if only in a profound yet natural sleep. There was a rapid recovery without further untoward symptoms.

In a third case cited, pregnancy was supposed to have advanced to the close of the eighth month. Had felt perfectly well until the day before. Had had about twenty convulsions when first seen, and they were exceedingly violent and protracted, and recurred every fifteen minutes. The tongue had been badly bitten; the face was livid; pupils contracted; breathing sterterous; pulse 150—small and hard, and the patient perfectly comatose. Morphia gr. $\frac{1}{2}$ and atropia gr. $\frac{1}{40}$ were injected, and forty-five minutes elapsed before another paroxysm (she had had twenty-four) much milder than the previous occurred. The injection was repeated, and five and one-half hours of quiet elapsed, during which a dead and immature fœtus, apparently of about seven months, was removed. No more convulsions occurred, but the patient was delirious for nearly a day, and every night for a week, but made a perfect recovery.

Here are three recoveries, under somewhat dissimilar circumstances, and subjected to the same medication, and Dr. T—— had no hesitancy in proclaiming the favorable result due to the hypodermic injections. In the first case, with marked albuminuria, convulsions could probably have been averted if the injections had been continued, and post-partum convulsions were prevented by it. Chloroform might have done as well, it could not have done better. Chloral had failed. In the second case, the seizure occurred post-partum, and the patient was in a most unpromising condition. Here the atropia was seemingly of great benefit, in speedily drying up the profuse secretion which literally threatened to drown the patient. In case III., the convulsions probably brought on labor, as they generally will. Chloroform was decidedly objectionable owing to the state of the respiration. Here also the atropia seemed specially useful as a cardiac stimulant.

Dr. Palmer thought the combination of morpha and atropia a good one. He thought it applicable to more cases of this disease than any other remedy. In many, especially in spare, not very full blooded women, and those of a nervous temperament, it could

always be given, especially in the earlier manifestations of the disease. After great or prolonged coma following convulsions, he could conceive of it doing great harm. He regarded the large doses recommended by some—grs. 1 to 2—as attended with great danger. Under most circumstances, $\frac{1}{4}$ grain was the proper dose to commence with.

Dr. Cleveland thought the morphia injection the best method of treatment in a majority of these cases. He had been in the habit of using the atropia in combination with the morphia. His experience led him to believe that morphia given in gr. $\frac{1}{2}$ doses was not altogether without danger.

Dr. Trusk said in closing that he did not claim that morphia hypodermically would save all cases, for he had seen one single convulsion prove fatal. Morphia thus used however, he believed, the first single remedy at our disposal in this dread disease.

SELECTIONS.

SOME COMMON AFFECTIONS OF THE ANUS OFTEN NEGLECTED.

Dr. Myrtle says: Nothing has impressed me so forcibly with the importance of a close investigation, even to minute, sometimes disagreeable details, regarding the condition of every case coming before us, than the fact that I have, in a very great number of instances, been consulted by patients who have sufferred for months and years from affections of the anus; and neither they, their medical men, nor consultants even, have been aware of the nature of the mischief or its extent. Patients are to blame for this oversight as much as their attendants. They are often reticent; women especially dislike to speak of symptoms, however distressing occurring daily, or at least after each defæcation; and even men in like condition seem ashamed to own that there is anything wrong with them. We at all events, some of us, are cursed with an excess of modesty, or, because the part is not the most savory, are disposed to fight shy of it; or we attach too little importance to the patient's statements and fail to make a physical examination.

The commonest affection is itching; pruritus ani, I dare say, is so common, that every one of has had some personal experience of the nuisance, but few know what a terrible thing it becomes when it obtains a firm hold of one; the agony then is something maddening. The causes are carelessness in cleansing the part, acrid discharge from mucous follicles, irritation from reflex

action, the presence of certains eruptions, and fuctional derangement of the peripheral nerve-filaments, all requiring special treatment for the successful removal of this intolerable evil. When it has existed for long periods, the mucous membrane, from scratching and the action of remedies, become thick, hard, and corrugated; then nothing will afford a cure but removal of the whole affected skin and mucous membrane by the knife. I had a case of this kind, in a young lady, whose life had become a burden to her on account of the itching, where Mr. Jessop dissected away all the hardened hypertrophied part with the most complete success. To show the alarming symptoms which may arise from pruritus ani, I shall relate one case which came before my notice in March last. An Indian merchant was found in his office in London on his back in a death-like faint; he remained so for about half an hour. When he came to himself, he complained of giddiness, and loss of memory and brain-power; he could not understand the purport of certain business letters, and had to give up work for the day. These attacks became rather frequent; and, becoming alarmed, he consulted me. He was quite well, he said; everything was natural. On cross-examination, I found that there was something wrong with the anus, and I examined it; there was a ring of chronic eczema, and the itching was so fearful, that, when a fit of it came on, the dread and agony was so great, that they induced the serious functional derangement of nerve-centres I have just described; this one local ailment was making life very bitter, and causing him to fear that he was suffering from serious disease of the brain. The eczema yielded to treatment, and in three weeks a cure was affected.

Fissure is much more common occurrence than any one would believe; and it is found in the most unlikely subjects, delicate young ladies leading the most regular lives, and jolly middle-aged fellows not quite so regular in their habits; it is very frequently overlooked. In 1878, I had ten cases among visitor-patients, every one being ignorant of the nature of the local affection. Mr. Teale operated on the whole of these successfully. I shall only give one case. A young lady, the subject of general debitity from anæmia, was sent to Harrogate for treatment. She was very tall, very spare and feeble, and complained of various neurotic pain, and of great mental depression, as well as physical. After seeing her two or three times, I was struck with the pinched suffering look she had; and at that visit I went more thoroughly into her case. I learned that she had a dread of going to the closet; that, after she passed a motion, she had to lie down flat on her back from a sense of pain and faintness; this occurred with every motion, and had been in existence for over eighteen months.

I diagnosed fissure. She was operated on; and the third morning, to her amazement and joy, she passed a tolerably formed motion without discomfort; after that she rapidly recovered, neuralgia, anæmia, low spirits, all vanished, and now she is in perfect health. I believe that, in cases like this, the constant fear of what must be endured has the most injurious influence on all the functions of the body.

In August, 1881, a lady aged 60, was sent to me on account of irritability of the mucous membrane of the bowels. She suffered from diarrhœa, alternating with constipation, flatulence, and dyspepsia. She had been under her own medical man for nearly two years, and during the last six months she had been seen by a celebrated physician once a fortnight. Something about the old lady made me ask her about the condition of the lower bowel, and this led to an examination. I found two small piles, an ulcer and fissure. I at once sent for Mr. Wheelhouse, who came the same day, operated, and at the end of a week my patient left me quite well and hearty. I heard of her last season: she had never required a dose of medicine since the operation. Wherever there is a fissure there is a spasmodic stricture, so that stretching is necessary as well as division.

With hæmorrhoids I need not take up your time, although they deserve much more attention than they receive. Patients who suffer from them, who are constantly losing blood, are too often put off with the remark, "Never mind, bleeding piles are safe. Do not interfere with them, and do not be operated on; take a spoonfull of electuary at bed-time." And so the patient goes on thinking that, were this safety-valve closed, the roof of his head would be blown off, or he would have a fit. Now I do not hesitate to say this is bad advice. I have met with cases where the most grave symptoms have developed under these circumstances. Last year I had a young Austrian whose life was nearly lost in this way. He had consulted several German surgeons and physicians, without one going into his case. He was a keen sportsman, and fond of going out with his gun after big game. Sometimes he would lose so much blood as to be so weakened he could not reach his camping ground for a considerabe time. A friend and patient of mine met him on one of his hunting tours, and, learning something about his symptoms, never allowed him to rest till he brought him here. On examining him, I found him suffering from an enormous cluster of piles, ulcerated and offensive; the least touch caused hemorrhage; I allowed him two days rest. After that Mr. Teale removed the mass. The operation was a very tedious one, but in a fortnight the patient was quite well.

The last affection I shall mention is not quite so painful, is purely neurotic in its nature, and very fitful in its attacks, coming on at long intervals, and when the subject of it is apparently in the best form; he will go to bed perfectly well, and awake at any hour with a gnawing, grinding pain in the sphincter. This gradually increases in intensity, acquires its maximum in a few minutes (which seem very long), and then gradually goes off without treatment; the patient feels very faint and exhausted, and is held down by the commanding nature of this pain. This is a form of neuralgia, produced by exposure to cold, either from the bedclothes gettin off the part, or being too scanty or insufficient to protect it, During the day it may arise from sitting on a cold seat. However or whenever caused, it is at once relieved by the application of warmth. I have never seen any signs of local mischief in these cases, and I know one gentleman who has suffered from repeated and severe attacks during the last forty years. It was he who directed my attetnion to heat as the best remedy. One severe frosty morning, he was seized with the worst attack he ever had, just on entering a first-class railway carriage; there was no other passenger, and, in despair, he sat down on the hot tin. In an instant, the pain was gone; and since then, when attacked, he flies to the fire and toasts himself, or applies an India-rubber bag full of hot water, with the best results.—*British Medical Journal.*

HYPOPHOSPHITE OF LIME IN CANCER.

Dr. Johnson writes that some time ago he received a copy of a lecture by Dr. Hunter McGuire, of Richmond, Va., on the subject of "Cancer of the Breast," in which he recommended the use of hypophosphites of lime and soda. The formula is:

℞.—Hypophosphite of lime and soda,	ʒ ss.
Diluted phosphoric acid,	ʒ ss.
Distilled water,	℥ viij.

M. S.—Teaspoonful in water three times a day, and when indicated, he sometimes uses in addition arsenic and iron in the forms of chlorides of arsenic and iron.

At the time of reading the lecture I had under my care two cases of cancer, one of the breast and one of the ear, at the angle of the left jaw. About a year before I was consulted in the case of cancer of the breast; the breast had been entirely excised; but the wound made no effort to heal, and grew to be an ulcer two inches wide by two inches long. The cancer of the ear also presented an ulcer irregular in shape, covering the space of an inch or more in extent. I gave at once internally:

℞.—Hypophosphite of lime, ʒ iss.
Bromide of potassium, ʒ ij.
Fowler's solution, ʒ iss.
Aqua destil., ʒ viij.

M. S.—Dose, a tablespoonful every three hours.

And as an external applicaiion, the following:

℞.—Tar.
Alcohol, aa ʒ j.

M. S.—Apply freely to the ulcers three times a day.

Both patients have been using the above prescriptions for six months, and the progress of the cancers is not only arrested, but the ulcers almost healed. There is no doubt that the progress of cancer can be delayed by the use of hypophosphites in combination with arsenic.—*Medical and Surgical Reporter.*

POSITION IN THE TREATMENT OF DISEASES.

In the treatment of cases of bilious vomiting, I have found attention to position a very important element. I place all patients suffering from this complaint on the right side, in order to facilitate the exit of the contents of the stomach through the pyloric orifice. This treatment alone, in many cases, suffices to stop an attack; and, combined with the usual remedies, it is very successful. The same position is also good in threatened attacks of the passage of gall-stones, which may thus sometimes be averted, presumably by the action of gravitation upon the dislodged stones. The question of position is, in fact, in my opinion, an important one to study in the treatment of various affections and natural processes. Much has been written, for instance, about the position to be insisted upon in the several complications of mid-wifery practice; but great difference of opinion still prevails as to the best position for natural labor. As securing the greatest amount of ease and "purchase" to the parturient; the greatest facilities for the expulsion or extraction of the placenta; the least risk of hæmorrhage; and the facilities afforded for the application of the forceps and manipulations generally, I prefer the kneeling posture.

After parturition, the question of displacements of the uterus, and their prevention, has to be considered. I am led to believe that retroversion is caused, not so much by "getting up" too soon after labor, as by continually lying upon the back. I take care to caution patients against the adoption of that position for some time after labor, and invariably allow them to rise as soon as they feel able to walk.

Position may also be studied with advantage in the third stage

of pneumonia, to facilitate discharge through the bronchi; in phthisis, also, in the emptying of vomicæ.

Having for many years been of opinion that incubus is due to venous congestion of the cerebellum and medulla, caused by lying upon the back for a length of time during sleep, I advise that vigorous efforts should be made by the patient to turn the head, if only slightly, upon one or other side; and thus allow the delayed venous current a free passage from the torcular herophili to the jugular fossa of that side.—Dr. Illingworth, in *Brit. Med. Journal.*

BORACIC ACID IN DIPHTHERIA.

I find in the report of the Clinical Society, published in the *Lancet* of November 18th, a record by Dr. Goodhart, of six cases of diphtheria treated by the local application of borax and boracic acid, with an amount of success which had not as yet been established, as far as he knew. Dr. Goodhart says "both borax and boracic acid have been occasionally in use as a topical application in diphtheria, doubtless, for a long time, but not, so far as is known, with any decided success." I regret to have to challenge Dr. Goodhart's statement as to the success of the remedy, and must refer him to my communication which appeared in the *Lancet* of February 15th in this year, where I advocated the use of boracic acid as a specific in diphtheria, when resorted to in the early stages of the disease. During the past ten years I had exceptional opportunities of watching its effects in over a hundred cases of diphtheria, and more especially during the epidemic which occurred some few years ago in this district, and which the editor of the *Lancet* must well remember from the controversy we then had as to the number of deaths which occurred within the district. Upon that occasion I treated seventeen cases during one week with the boracic acid application—all recovered; and throughout the epidemic I lost one only—namely, a child four years old, who dropped dead whilst playing with its toys in bed some few days after all the symptoms of the disease had disappeared. During the same epidemic ten children of various ages died in the district, none of whom had been treated upon my plan. So great has been the success of the boracic acid treatment in diphtheria in this neighborhood, that it is as well known as Fowler's solution is for ague; and I can safely state that there is no more boracic acid used medicinally in this part of the country than in any county in England. Not that we have been troubled for some long time past with diphtheria, but the remedy is so well known that upon the advent of throat affection, irrespective of its nature, the public immediately resort to it.

Dr. Goodhart speaks of the application "loosening, dissolving and preventing the reformation of membrane." From repeated experiments with the membrane placed in solutions of various stengths of boracic acid and glycerine at 100° F., I have not found any sign of its being dissolved after exposure to its action for twenty-four hours, therefore I venture to substitute the term detach for dissolve, used by Dr. Goodhart.—Dr. Harries, in the *Lancet.*

ACONITIA: ITS USES IN NEURALGIA.

Not to dwell on the toxic effects of this powerful alkaloid, which is only safe in very minute doses, we may sum up its therapeutical actions by the observation that it seems to have a special selective influence on the extremities of nerves of sensation, which it paralyzes. This elective affinity is especially manifest in the case of the fifth pair of nerves.

The beneficial effects of this medicament in neuralgia, in general and facial neuralgias in particular, have been attested by a multitude of observers, among whom we may mention Oulmont, Seguin, Franceschini, Merck, and Laborde. Gubler is fond of narrating an incident which occurred in his practice. It concerncd a patient on whom Nelaton had practised resection "of all the branches of the tri-facial" (!). The pains continued to be just as atrocious and just as persistent as ever. The patient, reduced to despair, and ready to commit suicide, was treated by Gubler with aconitia. Seven milligrammes a day of Hottot's aconitia was administered in granules with the most marked relief, and by perseverance in this remedy a complete cure was effected.

Laborde, in tue *Journal de Therapeutique* above referred to, publishes reports of six cases of neuralgia, mostly of the fifth pair, in all of which marked benefit was obtained from aconitia; in some the benefit was permanent. In all these cases the medicine was given by mouth. He makes use of the granules of Duquesnil containing one-fourth of a milligramme. One granule is a sufficient commencing dose, and he advises that the dose should not be repeated under four hours. Generally the second granule will give relief, if the first fails to benefit.

A safe and efficient way, which we have often tried, is the following, which is in accordance with the directions laid down by Dujardin-Beaumetz: Duquesnil's aconitia is ordered—the one-fourth of a milligramme granules. Of these the patient is ordered to take one granule every three hours, till eight have been taken during the twenty-four hours. It is seldom that there is occasion

to go any farther. Generally the second or third causes complete disappearance of the pain. Given in this way, we do not exceed two milligrammes a day. If this does not relieve it is vain to push the remedy farther. Sometimes after the second or third granule a little tingling of the tongue, and pricking of the skin of the face, with constriction of the mouth are experienced. Patients sometimes complain that their head feels "hoop bound" for a time.

There is no doubt about the superlative excellence of this medicament in all so-called congestive neuralgias, as we have notes of obstinate cases of sciatica which have proved amenable to treatment by aconitia. It is one of the remedies that should be first tried in severe sciatica and lumbago, *a frigore*.

Even in the case of symptomatic facial neuralgias, as well as protopathic, the pain is often alleviated by aconitia, as Laborde has shown.

KATATONIA.

By this term is to be understood, so Dr. Wm. A. Hammond says in the *N. Y. Med. Jour.*, May 5, 1883, a form of insanity first described by Kahlbaum, and characterized by alternate periods supervening with more or less regularity of acute mania, melancholia, and epileptoid and cataleptoid states, with delu. sions of an exalted character and a tendency to dramatism.

Several cases from his practice are cited.

A merchant presented the first symptoms by a condition of exaltation; he entered the office with all the air of a prince, and answercd all questions by repeating in a supercilious way, "And the Lord spake unto Moses, saying." This he repeated during the entire visit. By inquiring I learned, however, that eight days previously, without any assignable cause, he had passed into a condition of melancholia, with stupor. By extending his arm at right angles to his side, it was noticed that it remained in that position for thirteen minutes, and then descended slowly to his side. Ophthalmoscopic examination being demanded, the patient would not enter the dark room. Upon endeavoring to carry him there, he became as rigid as a bar of iron—his muscles were in a state of extreme tension.

The next case, a young German, exhibited the cataleptoid state, and a tendency to utter high flown language, and to assume histrionic attitudes, exclaiming at intervals, "My lord it shall be done!" He had passed through the stage of melancholy before presenting himself.

He frequently cried and groaned, said afterwards that the reason he did not speak was because he had the idea that it had

been decreed that if he uttered a single word, his mother would at once die.

The third case was a physician. When seen he was in the stage of melancholia with stupor, attended with cataleptoid symptoms. If physical efforts were used, his whole muscular system was thrown into extreme tension. He appeared to be in a condition not unlike a person suffering from tetanus. Another case, a Swede, aged 30, presented much the same symptoms as the former cases.

The doctor says that many cases of unrecognized katatonia are to be found reported in writings on psychological medicine.

The disease is more common in men than in women.

"Katatonia is of rather favorable prognosis. It appears in the first stage, at least, to be a vasomotor affection characterized by a paralysis of the vascular coats, and by consequent cerebral hyperæmia.

All his cases except one yielded readily to the bromide of sodium; that patient did not get the medicine prescribed.

TO STOP HICCOUGH.

Dr. Martin Burke, of this city, sends us the following item: "Perhaps the narrative of these two cases may prove of interest. John C—— was suddenly seized about a year ago with an attack of hiccough. The cause was unknown. All the usual remedies were tried in vain. Dr. John Burke, my father, was then called upon. Noticing the convulsive heaving of the patient's ribs, more particularly upon the left side, he firmly compressed the side between his two hands, and in a short time the hiccough ceased for the first time in days. The second case was that of Mr. C——, a young man of thirty. He also was attacked, first with vomiting and then with hiccough, most violent and convulsive. Morphine suppositories would produce sleep, but even in sleep the hiccough was distressingly severe. As his vomiting had now ceased, almost every remedy known was called to our aid, but it was not until we had again, by my father's advice, compressed his heaving ribs, that the hiccough almost instantly ceased. It returned indeed within twenty-four hours, but compression again arrested it. The patient is now convalescing, and as hiccough very often proves fatal, perhaps the record of these two cases may prove of service."

Dr. Shaw says on the same subject: "I noticed the item by Dr. Martin Burke, 'To Stop Hiccough,' by compression over the lower ribs. I have used compression successfully in quite a number of cases of persistent hiccough. The idea is not original,

but was given me by my preceptor, Dr. W. P. Kincaid, of New Richmond, Ohio, about 1870. His method was to place the tips of the fingers of both hands in position of complete supination against the abdominal muscles, at the lower and outer junctions of the epigastric with hypochondriac regions. With the finger-tips in this position, firm and very gradual pressure was to be made backward and upward against the diaphragm. This pressure should be continued for some little time after the diaphragm has ceased its spasmodic contractions, when the fingers should be very gradually withdrawn."—*Medical Record.*

HOT WATER IN THE TREATMENT OF INFLAMMATION OF MUCOUS MEMBRANES.

Dr. Shepherd tells us (*Medical Record,*) : I have used hot water as a gargle for the past six or eight years, having been led to do so from seeing its beneficial effects in gynecology.

In acute pharyngitis and tonsillitis, if properly used at the commencement of the attack, it constitutes on of our most effective remedies, being frequently promptly curative. If used later in the disease, or in chronic cases, it is always beneficial, though perhaps not so immediately curative. To be of service it should be used in considerable quantity (a half pint or pint) at a time, and *just as hot* as the throat will tolerate. I have seen many cases of acute diseases thus aborted and can commend the method with great confidence.

I believe it may be taken as an established fact, that in the treatment of inflammations generally, and those of the mucous membranes in particular, moist heat is of service, and in most cases hot water is preferable to steam.

All are familiar with its use in ophthalmia and conjunctivitis, as also in inflammations of the external and middle ear, and I feel confident that those who employ it for that most annoying of all slight troubles to prescribe for, viz. : a cold in the head, or acute coryza, will seldom think of using the irritating drugs mentioned in the books, nor of inducing complete anæsthesia with chloroform in preference to the hot-water douche. It is important to recollect, however, that to be effective in aborting this disease, it must be employed during the first stage of hyperæmia.

Nor is the urethral mucous membrane any exception to the general rule. Cases of urethritis and gonorrhœa are benefited or cured by its use when applied at the commencement of the inflammation. In the cure of gleet, I know of no other agent so often serviceable. Where there is no stricture, almost any case of gleet will yield in a short time to the use of the hot-water douche followed by mild astringents.

Keep in mind the principle of its curative action, viz.: the removal of hyperæmia, and the local sedative influence, and there will be found few cases of inflammation of mucous membranes where it will not, at some stage of the disease, promote a cure.

LONGEVITY OF BOSTON DOCTORS.

Dr. Oliver Wendell Holmes, of Boston—not Rev. Dr., but physician, biologist and poet—says that "bad air, bad whisky and irregular habits keep our doctors alive." It is interesting to know what makes the Boston doctors live so long, and we also reflect that Dr. Holmes has lived long enough to be authoriy on many questions in literature and science, as well as this. If these things keep "our doctors" alive, pray what kills them, provided they ever die? Come to think, we believe one Boston doctor is dead—his name was Warren, and the British killed him at Bunker Hill. Dr. Holmes has long been noted as the champion against "irregular" habits and practices among physicians, notably the little pill irregulars, and what is the result? It appears that all the live doctors in Boston are "irregular," and drink "bad whisky," and breathe "bad air," and are still living. —*Home Health.* (We certainly know, and some "irregulars" who are "live."—Ed.)

OXYDENDRON IN ANASARCA.

Dr. Clendenin (*Therapeutic Gazette*, April, 1883) calls attention to a drug which the eclectics have had good success with in the treatment of dropsy. The drug in question is sourwood (oxydendron), which grows abundantly throughout the Southern States. The leaves and bark of the sourwood contain the medicinal properties, being diuretic and laxative. The best way to use it is to make a semi-solid extract, which should be worked into two-grain pills, to be given in doses of two or three pills, three times daily, gradually increasing the dose each day until twelve or fifteen pills, are given during the day, then gradually decrease day by day until the original dose is reached. By this mode of treatment he claims dropsical effusions of the worst form may be often removed.—*Medical Record.*

A TOOTH AT BIRTH.

Dr. Fordyce Grinnell, of Pine Ridge Agency, Dakota, reports the following case in the *Med. News*, March 31, 1883:

I drew a tooth for an infant seventeen days old. The child

was a female, one-quarter Sioux. When it came into the world it had this tooth, a lower central incisor, developed as now presented. The crown and body of the tooth seemed fully developed, and as large as the usual milk tooth. The attachment to the gum, instead of a root, appeared to be a mere fleshy connection, and hence not very solidly implanted. Moreover, it gave the child great uneasiness in nursing. The tongue in moving over the sharp surface presented by the tooth, in every attempt at drawing milk from the breast, became abraded, and finally ulcerated. As soon as the tooth was extracted, the child took the breast with avidity. The pain caused by nursing had undoubtedly interfered with the child getting a sufficient amount of nourishment.

A RARE CASE INDEED.

The *Australasian Medical Gazette* publishes the following account taken from a New Zealand paper of February 23d: "A most extraordinary and painful phenomenon has lately occurred in Warsaw. A lady died under somewhat peculiar circumstances, which gave rise to a report that her death had been caused by her husband's ill-treatment. Hence, several weeks after the interment, her body was exhumed for post-mortem examination, when it was found that in the grave a perfectly healthy child had been born. This gives a startling new meaning to the word 'posthumous.'"

Upon the above the editor of the *Gazette* comments as follows: "This case, though extraordinary, is possibly true, two similar cases being recorded, one in the *Medical Gazette*, vol. xlvi., p. 713, the other in *Casper's Vierteljahrsschrift*, 1861, p. 186. It is more probable, however, that the woman was buried in a state of suspended animation, and that the birth took place during her life. If it took place after life had departed, it is certain it occurred almost immediately after death, and before the muscular contractility of the uterus had ceased, the body having been coffined very quickly, and the child remaining unnoticed prior to burial."—*Medical Record.*

TREATMENT OF RETAINED PLACENTA AFTER ABORTION.

Contrary to the views held by Dr. Paul F. Munde, who strongly advocates its forcible removal, Dr. Hiram Von Sweringen, (*Obstetric Gazette*, June, 1883,) with equal emphasis cautions us to let the placenta alone after abortion. In addition to his own experience he cites that of many others, who all unite

in the recommendation that it is best to leave the removal to nature. Rest and ergot are his therapeutic resources. If there is hemorrhage, hot water injections; if much pain, opium; if it does not come away in two or three days, carbolized injections; but *never* force.

This is of interest in connection with the article by Professor Clarke, in our July issue.

A PERFECTLY DEVELOPED MALE CHILD WITHOUT A PLACENTA.

Dr. Brown writes to the *Record* as follows: I was summoned to Mrs. C——, a well-formed healthy woman, aged thirty-eight, a primipara.

Vaginal examination revealed slight dilatation of the os, the vertix presenting. A specimen of urine was obtained and examined for albumen with negative results. Previous history of patient very good, having menstruated at the age of fourteen, and continued to do so regularly without pain until fecundation occurred nine months previously.

The pains being unsatisfactory, I left the patient, saying I would return soon. At 11.30 A.M., about one hour after I left the sick-room, I was called in great haste to the patient, messenger saying she had a fit. Arriving at tne bed-side found her in a very violent convulsion, which I learned was the second in half an hour.

Inhalations of chloroform were resorted to, which had the effect of modifying the severity of the spasm, for the time at least; full doses of bromide of potassium and chloral were administered, but without effect; the convulsions returning about every twenty minutes. Repeated efforts to dilate the os uteri failed, Barnes' dilators and the douche being frequently applied in vain, the uterus being anteverted, and the os extremely rigid. At 2 P.M. a hypodermic injection of sulphate of morphine combined with atropiæ sulphas was administered, the bowels having been previonsly moved.

A marked diminution of the spasms followed the injection, the convulsions not returning up to 4 P.M., but the patient remained unconscious from the first convulsion. At 4.30 P.M. had her thirteenth convulsion. Morphia was again administered hypodermically, but as œdema of the lungs set in and the respirations reduced to 14 per minute, the morphia was suspended and the convulsions returned, the patient slowly sinking. At 5 P.M. a consultation was held when the case was deemed hopeless, All efforts to dilate the os had to be abandoned. Distinct movements of the fœtus being observed up to 5 o'clock P.M., a request to

remove the child by Cæsarean section, but was refused. At 6.30 P.M., patient rapidly sinking until 7.15 P.M., when she died after her twenty-second convulsion.

In about one hour after the death of the patient I was requested to take the child from its mother, some scruples on the part of friends demanding the separation of the child before interment. I accordingly commenced the operation by abdominal section. On reaching the uterus careful section of that organ was made, when a fœtus was observed partly immersed in an inky-black liquid. An effort was now made to remove the child, bnt as something seemed to hold the fœtus firmly, I inserted my hand into the cavity of the uterus, when I found the cord very rigid and unyielding. Having severed this obstacle, a perfectly formed male child, weighing about twelve pounds, was removed. Search was now made for the placenta, but without success. There was *no placenta*. The umbilical cord was found attached to the fundus of the uterus, and the length of the cord did not exceed four inches.

Permission to remove the uterus for examination was refused, and as every movement in connection with the operation was most earnestly and critically watched, I found it impossible to gain possession even of that portion to which the cord was attached. I did succeed, however, in dividing *this* particular part, but failed to observe any marked difference between it and that portion of the organ previously divided.

The amniotic fluid, which was excessive, measuring, I should say, over three pints, was exceedingly black, but in other respects normal.

TRANSPOSITION OF VISCERA.

Dr. G. Frank Lydston, of Chicago, sends us the following account of a case of transposed viscera: "J. M——, twenty-four years of age, barber by occupation, consulted me a short time since with reference to a slight attack of bronchitis, and stated casually that his heart was "on the wrong side.' On examination, I found that his statement was correct. The heart occupies precisely the same relative position upon the right side that it ordinarily does upon the left, the apex being in the right fifth intercostal space. There are no evidences of cardiac hypertrophy, and the valves are apparently perfectly normal. The chest is perfectly symmetrical, there being no more than the normal disparity of measurement of the two sides. The lungs are normal, and no causes of cardiac displacement involving either an increase of weight or extraneous pressure are present. No dyspnœa is complained of, and the patient is to all appearances in perfect health. At my first examination, he had just climbed

several flights of stairs, in preference to waiting for the elevator, but was not at all inconvenienced thereby. The abdominal viscera are in their normal positions, a point to which I will call especial attention, inasmuch as such cases are usually accompanied by a transposition of the liver and spleen. Niemeyer states that in dextro-cardia the liver usually occupies the left hypochondrium and the spleen the right. Taking the various features of the case into consideration, I think we are warranted in the conclusion that it is an instance of a quite rare anomaly, 'congenital dextro-cardia.' Pathological displacements of the heart are, of course, not infrequently seen, as the heart is a very movable organ, and slight causes may suffice to displace it, but the present case is certainly quite rare."

STRANGULATED HERNIA.

The treatment of strangulated hernia by subcutaneous injections of morphia is giving all the success vouched for it by Dr. Phillippe, who first brought it before the notice of the profession. The facts related by him caused others to try the experiment, and last year M. le Dentu brought it before the Societe de Chirurgie in a report in which he expressed himself as favorable to the method when employed in recent cases. In a contrary case the success would be doubtful. M. Fleury, of Clermont Ferraud, has just published two cases of strangulated hernia in his service in the hospital treated by subcutaneous injections of morphia with one of complete success. One case was that of a man who came to the hospital with abdominal hernia. The patient was in a very serious condition and refused all idea of operation. The morphia was injected twice, and the tumor was able to be reduced one-half, but no more, and the man, persisting in his refusal, in spite of the grave symptoms, sank the next day. The second case was that of a woman aged sixty eight, who entered the hospital with a strangulated crural hernia. Simple taxis was tried, but failed, and morphia was injected, followed again by taxis, but still the tumor resisted. Ether spray was made to play on it with no better success. The patient was then put into a bath, where she remained two hours with a like result, A second injection of morphia was made as a last resource before operating: this time the alkaloid threw the patient into a kind of stupor like that produced by chloroform, and the muscles being entirely relaxed, the taxis was recomenced, and in five minutes of manipulation the tumor receded with its characteristic *bruit*. The woman left the hospital two days afterwards. To country practitioners this method of obtaining the reduction of strangulated hernia when other means fail must be a great boon, as the operation is of the simplest, and no aid is required.—*Medical Press.*

EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

IRRITATION OF THE BLADDER IN THE FEMALE.

An irritable bladder is a source of much vexation to the physician, and of pain and distress to the patient. Undoubtedly women are the most frequent sufferers from vesical irritation, but both sexes may suffer from it. It frequently exists in children, sympathetic with rectal irritation due to thread worms, and in these cases is promptly relieved by a rectal injection of some bitter infusion, that of quassia probably being the best. An elongated prepuce may give rise to it in male children, and here circumcision is the remedy. Fissure of the anus, hemorrhoids, fistula, and, in men, enlarged prostate and stricture, may all manifest themselves in adult life by a reflex vesical irritation. These are eccentric causes—centric causes being those which pertain to the kidneys, bladder, or urethra, —the urinary system—especially the bladder, which is simply a reservoir for the urine until it can be voided. Among centric causes are an excess of urates in the urine; diabetes, renal disease, cystitis, acute or chronic; and stone. Stricture causes agonizing pain from spasm induced by frequent attempts to void the urine. In the female, caruncle in the urethra is a common cause, and one frequently overlooked. One of the commonest causes of vesical irritation in females is pressure from the gravid womb, especially in multiparous women. The abdominal walls have been frequently stretched, and, as a sequence, have lost their resiliency, and the weight on the fundus of the bladder causes a constant desire to urinate, the patient finding comfort in the recumbent posture only. To such, a properly adjusted bandage gored and sloped to fit the hips snugly, thus supporting the relaxed abdominal walls, gives great relief. The cause most common of all, is uterine disease, the bladder being affected reflexly. The proper treatment here is to remove the cause, and no measures addressed to the bladder are either necessary or useful.

Dr. Upshur (*Practitioner*,) cites a case wherein a woman had been treated for chronic cystitis for a long time, but the vesical irritation grew worse. Had had leucorrhœa, and pain in the back since her confinement a year before. Examination revealed an enlarged cervix and ulcerated os, and appropriate treatment relieving these, the vesical distress quickly

subsided without any treatment being addressed directly to it. A second patient had had great distress from a frequent desire to urinate, and extensive eczematous eruptions on both upper and lower extremities, together with a copious leucorrhœa. Examination showed ulceration of the os and endocervicitis. Treatment to these soon relieved the other troubles. A third case was in a pitiable plight, and "had suffered many things" from many physicians, but was not a whit better. One diagnosis had been stone!! and chronic cystitis! She had hemorrhoids and cervical disease, and treatment addressed to these quickly relieved all other troubles.

Lesions of the cervix cause vesical irritation much oftener than affections of the uterus itself or its appendages. It occurs in another class, emotional, women who are "run down;" schoolgirls overtaxed by study, and hysterical and chlorotic; or married women suffering from abuse of the sexual relation, and here a change, and an active ferruginous and tonic treatment, is indicated, and local interference would only aggravate the trouble. The most refractory cases are those due to vesical catarrh, caused by pressure in protracted labor; too long retention of urine; or a stone. If due to uterine causes, the recumbent posture will give relief, but not if due to vesical catarrh. If cystitis be due to stone, remove the latter. If it be the result of a protracted labor, irrigate the bladder daily with warm water followed with mild carbolic or boracic acid solutions.

Dr. Upshur says that in the acute stage quinine and belladonna are valuable; in the chronic form, muriated tinct. of iron and liq. chlor. arsenici, if given for a considerable time, will do good. An infusion of broomcorn—℥ ij. to Oj. of water—is recommended, and constant drainage by a proper catheter is advised.

PUERPERAL ECLAMPSIA AND HYPODERMATIC INJECTIONS OF MORPHIA.

While we are decidedly opposed to the indiscriminate use of the hypodermic injection of morphia, as commonly practiced, believing as we do, that relief nearly as prompt, and much more satisfactory, may be obtained under many conditions by other and less objectionable means, there are cases where it is of inestimable value. Such are some cases of puerperal eclampsia. If we mistake not, Loomis, of New York, though not the first to practice, was the first to demonstrate and draw special attention to, the real power and utility of the hypodermic injection of morphia for the cure of uræmic convulsions, whether puerperal

or non-puerperal. According to him, the most uniform effect of the drug so administered is, first, to arrest muscular spasm by counteracting the effect of the uræmic poison on the nerve centres; second, to establish profuse diaphoresis; third, to facilitate the action of cathartics or diuretics.

Because morphia is confessedly useful in such affections, it does not follow that it may be used without stint, and we see no good reason for using the immense and dangerous doses—grs. 1 to 3—advised by some. The effects of an overdose are not easily gotten rid of, while it is an easy matter to repeat, even at short intervals, small or moderate sized ones. When we use the morphia in this way, we, as a rule, combine atropia with it, since the latter increases the pain-relieving power of morphia, and, to a great extent, prevents the after-headache, vertigo, and nausea, commonly produced by it. In conjunction with the injections, much may be done toward compensating for the deficient renal secretion, and great relief may often be given by exciting free action of the skin by means of the vapor-bath or the hot wet-pack, the patient being well enveloped in blankets to favor free diaphoresis. In the absence of special arrangements, simple means will suffice, and a simple and yet efficient method of generating hot vapor is to drop a few pieces of freshly burned lime into a vessel of some sort and place it under the blankets and beneath the chair on which the patient sits. The slacking of the lime causes great heat, and the consequent generation of a considerable amount of vapor which is charged with minute particles of lime, and is said to be remarkably efficacious, also in membranous croup or diphtheria. Or, if the patient be confined to the bed, a rubber sheet may be placed under him and the clothes elevated by hoops placed transversly, and under this the vapor of water may be conveyed from an ordinary teakettle. Pilocarpine will accomplish the same purpose and cause most profuse diaphoresis,—gr. $\frac{1}{12}$ to $\frac{1}{6}$ hypodermatically, or gr. $\frac{1}{6}$ to $\frac{1}{4}$ per mouth—but should never be used where a condition of coma exists between the paroxysms, since the patient is unable to free the air passages from the increased flow of mucus, and is in danger of being drowned in his own secretions. Hydragogues are also of service sometimes, and of these one of the best is colchicum given in combination.

As we go to press, we learn through Dr. Wilder, that Nebraska has awarded the eclectic physicians of that state, three chairs in the State University. The one on "Practice" to be filled by Dr. W. S. Latta; on "Materia Medica and Therapeutics," by Dr. J. H. Woodward; on "Obstetrics,"—no appointment yet made.

AN EASY METHOD FOR COUNTING THE PULSE IN CHILDREN.

It is generally understood that when the pulse gets up to two hundred it becomes difficult to count, while counting it becomes altogether impossible if the heart beat at a rate of two hundred and fifty or more. It is impossible to count such a pulse in any ordinary way, but there is a method, and a simple one, by which the cardiac pulsations can be counted up to three hundred with comparative ease, hence it need never be said that a pulse is too rapid for counting. During a definite part of a minute, say one-fourth, with a common lead pencil, dots should be made on a sheet of white paper, *synchronous with the heart-beats* as *heard* over the cardiac region. The dots are then counted and the rate for the whole minute ascertained. Indistinctness of the separate pulsations of the heart fixes the only limit to the use of this method, for if they be only distinct enough to be discriminated they could be counted with perfect accuracy up to four hundred, or even four hundred and fifty, which is probably a higher rate than is ever attained by the heart of man, or that of the lower animals. True in this day the clinical thermometer has somewhat lessened our anxiety regarding the pulse in many conditions, but there are still others wherein the pulse retains all its former significance. We have employed this method enough to know that it is of practical value, especially in children, in whom the pulse sometimes mounts up to a very high rate.

We have more than once been amazed at the actual rapidity of a pulse which would have been beyond counting by any other method known to us. The sphygmograph, which indicates clearly the character of a slow pulse, or one moderately rapid, is of little value when it gets up to one hundred and fifty; beside it is expensive. The appliances for employing this method are inexpensive, always at hand, and their use is simple.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The thirteenth annual meeting convened in Topeka, Kansas, on June 20th, and continued in session three days. The attendance was large, but would have been much larger had not severe floods seriously impeded or cut off railway travel in the vicinity of Kansas City, and at other points. Delegates were present from twenty states, the others being represented by correspondence.

President A. J. Howe called the meeting to order, and Right Rev. Thomas Vail, D. D., Bishop of the Diocese of Kansas, invoked a divine blessing. His Excellency George W. Glick,

Governor of Kansas, in graceful and well chosen words, welcomed to the State, representatives of Eclectic Medicine, which, he said, was "based on a grand and noble principle." President Howe, in behalf of the association, responded in his usual happy vein.

The resolution of 1878, concerning colleges, was rescinded, and one adopted instituting a committee of five, to consider and report on all matters pertaining to colleges.

President Howe then delivered the Annual Address, which was of marked interest. The amendment submitted at New Haven, by Dr. Newton, of Boston,—that every state represented by delegates from a *state* society, should be entitled to two votes, and every medical college, recognized by this body, should have one—then carried. Charges of unprofessional conduct (advertising, etc.) were preferred against Dr. J. M. Hole, of Ohio, and he was promptly expelled.

On the afternoon of the second day, Dr. Charles Band, of Nebraska, caned President Howe. Dr. Wilder acted for Dr. Band in the affair, and the cane used bore the inscription: "To A. J. Howe, A. M., M. D., President of the N. E. M. A., from Charles Band, M. D., June, 1883."

Notice was given of a proposed amendment making the annual dues $5.00. It met with general favor, but lies over for one year by rule. Ex-Presidents Munn, Duncan, Howe, Clark, and Green, were appointed a committee to organize an Eclectic Mutual Aid Association.

The following were elected officers for the ensuing year: President, Edwin Younkin, M. D., of Missouri; Vice-Presidents, J. Milton Welch, M. D., of Kansas; George Covert, M. D., of Wisconsin; and L. T. Beam, M. D., of Pennsylvania; Secretary, Alexander Wilder, M. D., of New Jersey; and Treasurer, James Anton, M. D., of Ohio.

Power was conferred on the Executive Committee to decide between St. Paul, Cleveland, and Cincinnati, as the next place of meeting.

Heretofore the Boston District Eclectic Medical Society has adjourned over the months of July and August of each year, but last month an invitation was accepted from Dr. J. D. Young, to meet at his cottage, at Ocean Spray. A majority left by the 5 o'clock boat, others following at 5.30, 6, and 6.30. Early in the evening a brief session was held, and medical topics discussed; later, something that was not medicine, unless it be classed under the head of dietetics, was discussed. This month the society will meet at Point of Pines.

AN ADMIRABLE REMEDY FOR INFLAMMATION OF THE GUMS AND ALVEOLI.

Among the annoying and sometimes acutely painful diseases may be numbered inflammation of the gums and the alveoli which, though not usually serious in their termination, frequently prove very vexatious diseases to treat successfully, and sometimes contribute to, if they do not produce, a fatal result. The late Dr. George M. Beard, died from pyæmic abscess of the lung, originating in an alveolar abscess.

By the thoughfulness of another, I have had excellent success in treating these affections. More than twenty years since, I had dressed an inflamed part with the solid extract of lobelia, with the happiest results, and while expressing my satisfaction and pleasure at the same, an experienced dentist, who chanced to be present, asked why the same remedy might not be used in other situations, for instance, in inflammation of the gums and alveoli? I replied that it would undoubtedly prove a most efficient remedy if it could be so applied that it would not excite nausea from absorbtion, and from being swallowed with the secretions of the mouth.

From that day that dentist and many others, at his suggestion, as well as myself, have used it with the most favorable results in the diseases before mentioned. The method of applying is simply to press very thinly a mass of the solid extract so that it shall cover the inflamed surface; then place it in a thin pledget of cotton—the surgical cotton is the best—and lay it between the cheek and gum, and allow it to remain, and renew it, as would be done with any similar application. The results, as a rule, are very gratifying.

If carefully applied it is seldom that nausea is excited to any extent, though I have often had my patients retain it for hours at a time.

If intense pain attends the inflammatory action, as will often occur when the alveoli are affected, two or three drops of tincture of aconite root may be incorporated with the lobelia with great advantage.

M.

To Remove Fish-bones from the Throat.—To remove fish-bones from the throat, Prof. Voltolini, at Breslau, recommends a gargle composed of muriatic acid, 4 parts; nitric acid, 1 part; and water, 240 parts. The teeth have to be protected by lard or oil. The fish-bones become flexible, and they disappear entirely after a short time.

MISCELLANY.

Nitrous Oxide as an Anæsthetic in Labor.—Dr. Tittel gives a report (*Wiener Med. Blatter*, March 15) of over fifty trials which he has made of the inhalation of nitrous oxide gas in parturition. He employed it chiefly in primiparæ with very severe pains, and found a diminution of the suffering in every case. He found it acted better when given in the first stage, as its effects lasted into the second, and quiet inhallation was more difficult when it was attempted to be given in the second stage. The pulse was generally retarded, and the fœtal pulsations, on the contrary, generally accelerated. The pains were in many cases increased in strength and frequency, and Dr. Tittel found this action of the gas very serviceable in multiparæ with few and weak pains. Vomiting was arrested in four cases by the inhalation of the gas, and the only evil results which were observed were two cases of convulsions, one hysterical and the other true epileptic.

Baptisia in Diphtheria.—Dr. Z. B. Nichols, in the U. S. *Medical Investigator*, of February 17, says in relation to diptheria: "When called to a case of diphtheria I usually give Baptisia at once. It corresponds to the totality of the symptoms of true diphtheria. It has the peculiar fever, the sore throat, and especially the aching all over. With this remedy I have cut short many and many a case. I do not know of any other remedy that will do that. A practical expedient I have resorted to in cases almost past hope is this: I always carry with me an alcohol lamp. I take a pint cup, fill it half full of water, and soon have the almost asphyxiated patient breathing steam or warm moist air to his great relief and comfort. I have thus saved cases that seemed past all hope."—*Jour. of Materia Medica.*

Swallowing of Shot and Insufflation in the Treatment of Ileus.—In three cases with well-marked symptoms of invagination of the bowel (*Gazz. Med. Ital. Lomb.*, Feb. 10, 1883), Dr. Pedrini, after other remedies had failed to relieve, made the patient swallow five or six bullets and four pounds of No. 3 shot, at the same time using prolonged and repeated insufflation of air by the rectum. In each case the success of this treatment was complete, relief being quickly obtained, and the patient making a good recovery.

Nail in the Brain.—In an autopsy on a patient dying in one of the Vienna hospitals, it was found that he had in his brain an

iron nail covered with rust, which to all appearances must have been there since early childhood. The man was about forty-five years of age, a bookbinder, and always passed for intelligent. Negative popular evidence is of bnt little value. The man, at irregular intervals, had epileptic attacks, and post-epileptic mental phenomena, while in the hospital.

Sea-sickness and its Treatment.—Dr. G. L. Walton, in an article on this subject (*Boston Medical and Surgical Journal*), argues against the value of bromide of sodium as recommended by Beard. In brief, his views is that in small doses the bromide is useless, in large doses it may be dangerous. The author brings very little evidence to illustrate his views and quite ignores the very large number of cases where the bromide does give vast relief.

A New Remedy in Malarial Fevers.—The new remedy (*Gior di Clinica e Terapia*, March, 1883) is simply decoction of lemons. Dr. Maglieri has obtained quite as good results as with quinine. He finds it efficacious in acute and chronic malarial affections. Given four hours before the onset of the fever, it averts the paroxysm. This it did even in cases in which quinine failed. In malarial cachexia the general health improved, and the liver and spleen were much reduced in size.—*Lomdon Med. Record.*

Curious Effect of a Cathartic Pill.—Professor, bowing courteously (to patient just rrrived from the Old Country, and to whom he had ordered a. c. c. pill the night before): "What sort of a passage did you have, madam?"

"Beautiful, doctor; passed two schooners and a sloop."

Electricity as a Curative Agent.—"Have you given electricity a trial for your complaint, madam?" asked the minister as he took tea with the old lady. "Electricity?" said she. "Well yes, I reckon I has. I was struck by lightning last summer, and hove out of the window, but it didn't seem to do me no sort of good."

Sir Henry Thompson on Cigarette Smoking.—In a letter to *The Lancet*, Sir Henry Thompson states that if cigarettes are smoked in a holder with a bit of cotton-wool interposed they are iess injurious than cigars or pipes. Smoked in the ordinary way, held between the teeth and smoked nearly to the end, they may be most hurtful.

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ORIGINAL COMMUNICATIONS.

*SUMMER DISEASES OF CHILDREN.**

BY J. D. YOUNG, M. D., LAWRENCE, MASS.

You will notice that my subject presents a wide field for one short essay, but as I wished to mention certain remedies, which seem to control certain symptoms, incident to cholera infantum, marasmus, diarrhœa, etc., I have chosen the above broad subject. I find in my daily rounds, after the heated term has commenced, that the above diseases occupy the greater part of my time, and I presume such is the experience of you all. The fatal results which frequently follow the ordinary treatment lead the inquiring physician to seek some means with which he may combat successfully these affections which are so prevalent in the sultry summer months. The intense heat of summer, ill ventilation, unclean nursing bottles, close stagnant rooms, foul air, and the various forms of uncleanliness often found among the poorer classes, are prolific causes of the diarrhœal difficulties under consideration. But these dire diseases are not confined to the poor, for we find them in the houses of those who have all the comforts and luxuries of life. The fervid heat seems literally to wilt the little ones, and they droop and die despite our efforts.

During the last two, or three years, I have been using several

*Read before the Boston District Eclectic Medical Society, at "Lawrence Cottage," Ocean Spray.

remedies, somewhat new to me, in the treatment of these diseases; not discoveries of my own, but remedies that have been highly satisfactory to me, because the mortality among my patients has not been so great as formerly. Whether to these remedies belongs altogether the credit of this decrease of the mortality, I am not prepared to say, but surely a greater per cent. of my patients recover under their use than did formerly, and I derive no little satisfaction from them in the struggle against disease. Perhaps I cannot better illustrate the treatment, which has been so satisfactory in my hands, than by giving several cases thus treated. Though, among the following cases, none have terminated fatally, I do not wish it to be inferred that none of my little patients die, for I am sorry to say that such is not the case. I wish merely to give a few marked cases, such as fall under the care of every physician, and relate the treatment, and the success that attended it.

Case I. Was a child, one year old, with frequent dark green discharges, mixed with bloody mucus. They were of large size and preceded by chilliness and cutting pain in the bowels, and there was most excruciating pain during the stool with frequent vomiting. The feet were cold, and a clammy sweat covered the body. There was great restlessness, and unquenchable thirst, vomiting immediately following the taking of any fluid. The pulse was 180, and very feeble, and there was great weakness and frequent attacks of fainting. I used in succession or combination, neutralizing mixture, aconite, diaphoretic powder, lime water, chalk mixture, pinus canadensis, and anodynes and astringents, but with no effect for good, my patient continually grew worse. All medicine and nourishment were immediately rejected, and as a last resort I gave a half grain of the third decimal trituration of arsenic every two hours dry on the tongue; in 24 hours the vomiting and pain had nearly ceased; in 48 hours the discharges were nearly normal, no vomiting and no pain; and the patient was rapidly convalescing. He made a rapid recovery; and is now, two years after, healthy and well.

Case II. Was a boy, four years old. Stools large, frequent, and watery, and so acrid as to produce great excoriation about the anus. The face was pale, and the lips and mouth sore and

cracked. Vomiting was both violent and almost incessant, consisting chiefly of bile and mucus, and was renewed on taking food or drink. I gave one-half grain powders of the third decimal trituration of antimonium crudum, every two hours, in alternation with aconite. The child made a good recovery in one week, with no other treatment.

Case III. Was a girl, about one year of age; the pulse was 160, and she had been sick about three weeks, and was very much emaciated, with blue circles around the eyes, and the eyes themselves sunken when first I saw her, and there was intense thirst and frequent vomiting. The feet and limbs were cold and covered with clammy sweat, and the child was dull and at times unconscious, and rolled its head from side to side. The discharges were frequent, dark and very offensive, and frequently attended by fainting. The case had been under "regular" treatment, for three weeks, and abandoned to die when I was called. I first gave arsenicum, third decimal trituration, in one tenth grain doses every two hours, in alternation with aconite—drops four to four ounces of water. After two days, the discharges had nearly ceased; the thirst was less, and the unconsciousness gone. At the end of four days vomiting had entirely subsided; no thirst, but intense smarting and protrusion of the rectum after discharge. I gave antimonium crudum in place of the arsenicum, third decimal trituration. In two days more the child was convalescing, and soon made a complete recovery.

Case IV. Was a lady, aged twenty. Pulse was 140, the tongue was coated white, and thirst was intense, with vomiting of all food and medicine. The discharges were frequent, dark, lumpy, and watery—but not very profuse—and were attended with severe pain in the abdomen, which was tender and sore on pressure. There was chilliness during discharges, with coldness of the extremities and great prostration. I gave the usual remedies without relief, the patient continuing to grow worse. During four days I was almost in despair so far as remedies were concerned; in fact I had made up my mind, that the patient must die, and that I could do nothing to even give relief. As a last resort, not expecting any good result, I gave arsenicum, third decimal trituration, in one-tenth grain doses, every two hours,

alternating with neutralizing mixture, half a teaspoonful, of a weak infusion. In twenty-four hours the pain and vomiting had ceased; in two days the discharges were reduced to three in 24 hours, where before there had been from twenty-four to thirty; and my patient made a rapid recovery, and in one week was quite well.

Now I have been "convinced against my will, but am not of the same opinion still." A few years ago I would not have been tempted to use these remedies, even in small doses, but since I have used them, my success in the treatment of these diseases has been very satisfactory, and they have seemed to succeed when all else had failed. As I said before, whether the result is altogether due to the remedy, I am not prepared to say, but of one thing I am morally certain, the patients I have mentioned, were sick, and as I thought, nigh unto death, but they still live.

There are a few other excellent remedies used in these diseases which I might mention; such as ipecac, when the stools are green or dark, or almost black, or looking like frothy mucus, with colic, nausea and vomiting, before, during and after stools, and violent tenesmus. The continuous nausea is the most constant distinctive symptom of ipecac.

Baptisia is of value when the stools consist of blood, or bloody mucus, and are small and frequent, painless, dark, thin and very offensive. The tongue coated brown, or yellowish brown in centre with red shining edges; little or no thirst, and the disease assuming the typhoid type.

The neutralizing mixture is always good when the stomach will tolerate it.

Aloes are of use when the stools are bloody, or contain jelly-like mucus, or are bright yellow, accompanied with a feeling of weakness and loss of power of the sphincter ani, together with a sense of insecurity in the rectum as if stools would escape when passing flatus.

There are many others, but I have found that the above mentioned remedies, with the accompanying symptoms, can be relied upon.

*ALBUMINURIA COMPLICATING PREGNANCY.**

BY C. EDWIN MILES, M. D., BOSTON HIGHLANDS.

It is now a well established fact that albuminuria is a frequent complication of pregnancy, but how frequent has not been accurately ascertained so variable have been the statistics of eminent authorities, some placing it as high as 40 per cent., (Bartel,) and others (Hofmier,) as low as 2.74 per cent. The careful observer, however, will regard these estimates as the very extremes of the matter. And it will be understood that the percentages quoted refer to cases of simple albuminuria, and not to acute or chronic parenchymatous nephritis. In discussing this point Bartel asserts that only one case of acute nephritis occurs to from twenty-five to fifty of albuminuria. But so frequently does albuminuria occur in pregnancy that the caution has been suggested that when albumen has been found in the urine of a woman during the period of her liability to child-bearing, it is well to keep in mind the possibility of her pregnancy.

In estimating the frequency with which albuminuria complicates pregnancy, it should be kept in mind that that disease may precede the pregnant state, which would eliminate pregnancy as a cause in that case. Just how great a proportion of such cases exist can not be accurately stated, as in the present state of medical knowledge it is not always possible to distinguish those cases which arise during the pregnant state from those which existed unrecognized previous to the period of conception. The fact, however, that albuminuria is seldom discovered before the fifth or sixth month of pregnancy, and also that the attack, as a rule, is of temporary duration, strongly indicates that it is of recent origin, and probably has its rise, in a very great majority of the cases, after conception.

This complication is most likely to arise in the primiparæ, although it is not uncommon in the multiparæ.

Its symptoms are not constant; but when puffiness of the eyelids and face, or general anasarca are observed, especially if accompanied with dizziness and headache, and dimness of vision, with scantiness of the urine, a careful examination should be instituted at once to see if albumen be not present in

*Read before the Boston Eclectic Gynæcological and Obstetrical Society.

the renal secretion; and if it be not found on the first test, if the symptoms mentioned continue, repetitions of the test should be made at brief intervals.

Albumen is almost certain to be found accompanying the above symptoms; and if they become aggravated, the existence of blood and pus corpuscles, hyaline casts and epithelial cells will most likely be revealed in the urine under the microscope, and Bright's disease be fully demonstrated.

But it is to be remembered that there are certain modifications in the acute parenchymatous nephritis of pregnancy that are not common to its ordinary occurrence, such as the suddenness of its development, even in those previously seeming to be in perfect health. Œdema may be absent, while the uræmic symptoms are far more frequent than in nephritis generally; albumen is found in larger quantity than usual, and hyaline casts are very scanty, as a rule.

The pathological conditions of this disease, when complicating pregnancy, are similar to those found in it generally.

The prognosis of the disease, when complicating pregnancy, is always more or less grave. If the attack be recent, it is far more hopeful than if it has existed for a length of time. Such attacks as have preceded pregnancy are exceedingly precarious. It always increases the liability to abortion when it complicates early pregnancy, and provokes the tendency to premature labor in its later stages. That it predisposes to eclampsia is generally conceded at the present day. Hence, though no serious results have arisen from its presence in so many instances, it can only be a source of concern to the patient and her friends during her period of gestation and at the time of parturition, and also as regards her ultimate recovery, although she passes through those conditions without serious accident. And while great caution should be exercised not to create undue anxiety on the part of the patient in regard to her condition, judicious watchfulness should be used by those having her case in charge.

The causes of albuminuria complicating pregnancy are probably various, and not always apparent. Indeed, so rapidly does this condition pass away after parturition in many instances, that they seem to be trifling and evanescent in their nature. In

others, however, the disease invades the system so stealthily and progresses so persistently; and again it manifests itself so suddenly, and prostrates so profoundly, as to point to most potent causes for the production of the phenomena witnessed.

The pregnant condition necessitates an excess of albumen in the blood for the nutrition of the fœtus in utero, thereby producing an altered state of that fluid. That this condition of the blood renders its albumen more liable to be poured out through the kidneys is not improbable. Then the pressure of the constantly increasing gravid uterus on the renal vessels tends to produce a congestion of the venous circulation of the kidneys, and hence the flow of albumen into the urine. Again, the nervous system of the pregnant woman is hypersensitive, and its influence on the circulation of the blood, through the vaso motor nerves, must favor an hyperæmia of the kidneys. Now all of these conditions obviously render the pregnant woman susceptible to every exciting cause—such as sudden cold, obstructed action of the skin, and attacks of such acute diseases as are liable to induce acute parenchymatous nephritis.

If albuminuria exists previous to the time of conception, the conditions producing ordinary Bright's disease will then be regarded as its cause.

By some authorities it is argued that eclampsia is a cause rather than a consequence of the albuminuria of pregnancy.

It may be well to briefly review the clinical history of this disease, and the following cases are typical of some of the forms which it assumes:

Case I. Mrs. P., was pregnant for the second time, and maintained her usual good health until near the close of the seventh month, when she found her strength flagging a little, and noticed some puffiness of the eyelids and face; at the latter part of the eighth month anasarca was marked, and my attention was called to her condition. I found her urine albuminous, but without any casts or blood cells. During the last month of pregnancy the anasarca was so extensive that she was obliged to recline much of the time. The urine was scanty, but never showed blood nor hyaline casts. Occasionally she had slight attacks of dizziness, and if she made special efforts to move quickly there was some

dyspnœa. Her labor came on at full term and was normal in every way. The anasarca passed off in about six days; and on the twentieth day after delivery no albumen was to be found in the urine. Her recovery was complete in four weeks, and she has enjoyed good health until the present, a period of more than ten years.

Case II. Mrs. G. P., was in her second pregnancy. During her second month she had some nausea which soon subsided. During her fifth month she was not usually well, and at its close I was consulted by her. I found some puffiness of the eyelids and face; the urine was slightly albuminous; at the middle of the sixth month the albumen was about one-sixth, and several hyaline casts were found; the urine was scanty and the specific gravity 1014. At the beginning of the seventh month there was œdema of the ankles and some anasarca with dyspnœa, and the albumen measured nearly one-half. At the middle of the seventh month labor came on and she was delivered of a child in six hours, that survived some ten hours. Very few hyaline casts, and no blood cells were found in her case up to the time of her delivery.

During the first week after labor the urine was scanty; there was troublesome dyspnœa and the pulse was quick and feeble; her strength then began to rally, and her convalescence was slow but steady. In two weeks the anasarca had passed off, and in four weeks there was neither dyspnœa nor œdema of the ankles. No traces of the hyaline casts were observed after the end of the fourth week, and but one before then, and no albumen after the eighth week. Six months have elapsed since her confinement and she is now in comparatively good health.

Case III. Mrs. H., primiparæ, age 19 years; short, stout built, very healthy from childhood; was seven months advanced in pregnancy when I first saw her. Said she had felt well until within two days, but about a week before found herself "bloating all over." She was suffering from headache and dizziness, and said she felt "very sleepy." The urine was scanty and heavily loaded with albumen. It was not tested microscopically. In about twenty-four hours after this came convulsions, and soon coma supervened. She was delivered with forceps of a

dead fœtus, but in about forty hours after the convulsions appeared, death ended the fearful scene.

Case IV. Mrs. K., multiparæ, 35 years of age, eight and one-half months pregnant. Had been in feeble health for two years. I found her pale and feeble, considerable anasarca existed, and she was suffering extremely from dyspnœa; her urine was scanty and heavily loaded with albumen, with some hyaline casts. Her history pointed to the existence of albuminuria at the time of conception, and she then seemed on the verge of the grave. She was delivered some fifteen days prematurely, after a rapid and easy labor. The anasarca and œdema entirely subsided in about two months; very little albumen was to be found, and the hyaline casts were absent. No effort was made to nurse the infant, and the breasts gave but little trouble. In less than three months she attended somewhat to household affairs. She then removed from my neighborhood; but I have learned that her health was delicate for a time, when "Bright's disease came on," and after several months of suffering she died from its effects.

The indications for treatment will depend on the causes of the disease and the symptoms presenting at a given time. If debility and blood impoverishment or perversion are prominent symptoms at any stage of the disease, and if it will be tolerated by the stomach, the following should be given:

℞.—Tinct. Ferri. Chloridi, ʒ vi.; Glycerini, ʒ v.; Salicine, ʒ ij.; Aquæ ad., ℥ iv. M. ft. mist. Sig. A teaspoonful in a wine glass of water an hour after meals.

The solution of sulphate of quinine in dose gr. ij.—gr. iij. may sometimes be substituted for the salicine.

If the skin be inactive the warm alkaline sponge bath should be used; vapor and hot air baths are also indicated in these cases. The Turkish bath also has its important use in some of these cases. Jaborandi in small, continued doses, is often of immense importance in the condition under consideration, and seldom produces the prostration of the large but infrequent dose of that agent; sometimes, however, the larger doses will be required. When œdema of the lower extremities exists, or anasarca, great benefit has been found from the use of Martin's long,

light, elastic bandage, by applying it from the foot to the body. It gives great support to the limb, while it excites a free exosmose of the serum from the limb, and thereby invites to it the fluids from the superior portions of the body.

The following combination, which is original with Dr. H. I. Bowditch, of Boston, will be of great service in many cases of irritable heart and dyspnœa:

℞.—Pulv. Digitalis, gr. x.; Pulv. Colchici Rad., gr. xx.; Sodæ Bicarbonatis, gr. xl. M. ft. pil No. xx. Sig. One pill three times a day.

The propriety of the induction of premature labor in desperate cases where all other means have failed, if there is a reasonable certainty that the albuminuria did not exist previous to pregnancy, is worthy of consideration. When the risks are considered that are taken in abdominal surgery for the preservation of the life of woman, certainly it should not be sacrificed when threatened by the albuminuria of pregnancy, if it is probable that it can be saved, and only so saved, by the induction of premature labor.

An important factor in the treatment of this disease is a proper attention to the diet of the patient, making it simple but nutritious to the fullest extent. Milk—some would say skimmed milk—and the white of egg should be among the staple articles of food. So too the beef juices and the games—if they are digested well—are to be fed with an unstinted hand. The malts, and particularly Maltine, serve an excellent purpose in the treatment of these cases. Fruits are not to be proscribed if desired and well tolerated by the stomach.

THE SANGUINARIA HEADACHE.

BY GEORGE W. WINTERBURN, PH.D., M.D., NEW YORK.

Sanguinaria is a notable remedy in headache. The cephalalgia in which Sanguinaria is curative is peculiar and easily remembered. The pain commences in the back part of the head, and rising upwards spreads over the head and finally settles in the brow above the right eye. There is great intolerance to light and noise. The patient is obliged to remain in a dark room and to lie perfectly still. There is nausea and vomiting accompanied sometimes with chilliness. If there are flashes of heat through

the body, or if the palms of the hands and the soles of the feet burn, or if the urine is scanty and dark at first, later becoming profuse and clear, Sanguinaria is the more specifically indicated.

This headache differs from that calling for Rhus radicans, in that while both begin in the occiput and spread over the head, the Rhus headache stiffens the muscles of the nape of the neck, is better while moving about, and is caused by exposure to damp and cold; this does not effect the neck, is better when the patient keeps quiet, and is brought on by gastric disturbance. The Iris hemicrania, which is also mainly on the right side and of gastric origin, is accompanied with blurring of the eyes, is worse when at rest, and recurs periodically, often on the same day of the week. In Sanguinaria the vomited matters are bitter, but in iris they are intensely sour. The Cereus hemicrania is also right-sided, compels the patient to avoid all noise, light or exertion, but it is rarely connected with any gastric disturbance, it is usually caused by mental excitement or worry, and is often associated with cardiac complications. Right-sidedness also characterizes the Pulsatilla cephalalgia, but this usually begins in the afternoon and is always worse during the night, whereas the Sanguinaria headache begins in the morning, increases through the day and is better at night. The pulsatilla pain is relieved in the open air, and generally arises from uterine disturbance.

The Chelidonium and Sanguinaria hemicraniæ are very similar. Both extend from the occiput to the forehead over the right eye; both are aggravated by moving about; both are periodical; and both cause great irritability. In Chelidonium the patient is better from eating, in Sanguinaria worse; in Chelidonium the patient is low-spirited, in Sanguinaria cross; in Chelidonium the food tastes naturally, in Sanguinaria bitter; in both there is a disrelish for nitrogenous food, but the Chelidonium patient longs for acids.

Sanguinaria is of value in the neuralgiæ of the trigemini when the pain is shooting and burning in character, and pressure over the pain gives relief. It is of value in various myalgic pains when accompanied by distension of the temporal veins, and Dr. Hale suggests it as a remedy in sanguineous apoplexia.

CLINICAL EXPERIENCES.

BY J. C. FARLEY, M. D., FORT EDWARD, N. Y.

PUERPERAL CONVULSIONS.

In a practice of nearly twenty years I have met with only four cases of eclampsia. The following is a brief history of two of them:

Case I. Dr. R. requested my assistance in the case of the first confinement of his wife. On my arrival at the house found the patient in a very comfortable condition, having light pains at comparatively long intervals. I suggested the application of hot flannels to the abdomen in order to bring on contractions. The pains soon came on with more regularity and force, and at four o'clock A. M. the patient was delivered of a fœtus weighing eight pounds. While the patient was being cared for, the doctor and myself sat down to the table to refresh the "inner man," a strange and unmistakable sound came from the room, admonishing us that convulsions had commenced. The first continued about one minute. After a short interval another followed and was rapidly succeeded by many others. Being obliged to return home, I suggested the use of chloroform.

I heard nothing more from this case until I saw the doctor two weeks after, who informed me that chloroform was the principal remedy made use of. After having *thirty-five* spasms the patient fully recovered.

Case II. This case was similar in many respects to the first, the convulsions setting in about an hour after confinement. The husband said his wife had not been well for eight weeks, suffering at times severe headache, limbs bloated, urine suppressed; evidently a case of albuminuria.

Recommended mustard to the nape of the neck, and gelsemium (tincture) ten drops in a tumbler of water, two teaspoonfuls to be taken every fifteen minutes. Soon another convulsion came on, after which the patient became unconscious; the medicine then could not be given by the mouth, and chloroform was then administered. The assistance of an old school physician was solicited, but he refused, saying the laws of his society would not permit his attendance with an irregular. Another was called who recommended blood-letting and the continued use of chloroform. Blood was freely taken from the arm twice during the night. After the *twentieth* convulsion, the patient made a good recovery. (Simply showing the woman's wonderful endurance, withstanding the effect of twenty convulsions and copious venesection.—Ed.)

HÆMOPTYSIS,

Mr. A. B., aged thirty years, a mechanic, had been complaining for several months, of a severe pain, at times, about the middle of the right lung. There was cough without expectoration. The patient was taken suddenly ill in the night, with hæmorrhage. The nearest physician (old school) was called, who prescribed turpentine by the teaspoonful, and veratrum viride in large doses. The day following I was sent for. The patient

had continued to bleed notwithstanding the large doses of medicine.

I found the patient with a high fever, pulse full, face flushed, thirst, skin dry, etc. Prescribed aconite (tincture), six drops in half a tumbler of water in alternation with erigeron canadense, same quantity, every thirty minutes. The hæmorrhage gradually diminished, and after a few days' treatment with aconite, belladonna and bryonia, he made a good recovery.

I have had excellent success in almost all kinds of hæmorrhage with aconite and erigeron administered as above described.

SCARLATINA.

February 16.—Frederick V., aged eleven years; feverish, pain in his limbs, sore throat, tonsils swollen, having the appearance of quinsy, tongue coated, urine scanty, depositing a brownish sediment. Prescribed aconite and belladonna in alternation.

February 17 and 18.—No special change from previous condition, temperature 99.5, bowels constipated, complained of pain in right lumbar region. Absence of both rash and canker. Continued the use of the same remedies, with apis in addition.

February 19.—Patient in every way improved. Continued the same remedies, with advice as to diet, etc.

February 24.—Summoned in the night. Found the patient very much worse. Had been out of doors and had evidently taken cold. Had a high fever, chills, vomiting, urine suppressed, pale countenance, with œdema about the eyes, pulse 85, slow and irregular, severe pain in the right lumbar region, with tenderness on pressure, intense headache, urine heavily loaded with albumen, absence of thirst, tonsils diminished in size. Prescribed aconite, belladonna and apis. After one week patient much improved; I then changed apis for digitalis.

The above is a sample of many cases during the spring. There was neither rash nor canker, but in all the tonsils were very much swollen and the urine albuminous. When the pulse was slow and irregular, digitalis was the remedy.

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

ACADEMY OF MEDICINE.

Dr. Reamy said he reported the following cases of gastric ulcer, not for the purpose of revealing any new or heretofore unknown facts, but simply as a clinical contribution sustaining the high claims of absolute rest to the stomach in the treatment of

gastric ulcer, and the facility with which rectal alimentation can be conducted, rendering this rest posssible.

He was consulted in September, 1879, by Miss B., age 21. Patient is well developed, highly educated, nervous temperament, neither blonde or brunette, of excellent family. Family history excellent.

She had suffered for two years of the ordinary symptoms of dyspepsia, which within the past six months had become so aggravated as to be a source of much distress. At the time of this examination she had lost twenty pounds in weight, had diminished appetite, perverted taste, sense of weight in the epigastrium frequently amounting to positive pain after eating. Acid eructations, frequent vomiting of food, and obstinate constipation. She had not vomited blood nor had any evidence of blood been detected in the stools- She was, of course, more or less anæmic. Menstruation somewhat diminished in quantity, but normal as to time. The most critical examination I could make failed to reveal any pulmonary or cardiac disease. There was likewise no clear evidence of extensive interference with the portal circulation. No tumor could be detected in the epigastrium.

The diagnosis was chronic gastritis.

Treatment:—Patient was ordered upon an exclusive milk diet, no other food of any character being allowed. After two weeks the milk was well borne and relished; the pains, however, with occasional nausea, though greatly diminished, still were present. Galvanism, 40 cells over the epigastrium, sessions of ten to 20 minutes, every alternate day was now employed. Rapid improvement followed. After six weeks treatment the galvanism was discontinued, but the diet was adhered to for three months, at the expiration of which time the patient had gained 18 pounds in weight, and was perfectly free from pain and all discomfort. In the following spring the symptoms in a modified form recurring she was again placed upon milk diet, having prior to this time indulged in some indiscretions as to diet. Improvement again followed; a two month's sojourn at the seashore completed her restoration apparently to perfect health. She now passed from under observation until March 7th, 1882, at which time she visited the speaker's office, suffering of symptoms quite similar to those before described. She had again lost in weight, and was the picture of ill health. A return to the former course of diet was ordered, but was not rigidly adhered to. May 1st, he was summoned to visit her at her home and found her still further emaciated, complete loss of appetite, intense pain in the region of the lesser curvature of the stomach aggravated by taking food of

almost any character; vomiting more frequent. No blood having been discovered, either in the stools or in matter ejected from the stomach. The vomited matter was sometimes simply bile and gastric mucus—frequently appeared to consist simply of undigested food recently taken. No point of induration could be detected by the most critical examination. The diagnosis was now gastric ulcer, and the serious character of such a condition explained to the patient's brother, and also in a modified form communicated to the patient in order to insure strict adherence to orders as to diet. She was now placed absolutely on milk diet and ordered to remain in bed. May 12th a summons of great urgency was received, thirty minutes later the speaker was at the bedside of patient. She was blanched, was in a state of profound and alarming syncope, conscious but unable to speak. Pulse could not be detected at the wrist at all. The bed and floor about it deluged in dark blood which had been vomited within the preceding 40 or 50 minutes, certainly not less than $1\frac{1}{2}$ quarts of blood had been lost. Brandy was injected hypodermically and per rectum. Pellets of ice were allowed to be swallowed; ergot was also injected hypodermically. Ice bladder applied to epigastrium. In an hour she had slightly rallied when slight vomiting of blood again prostrated her. This, however, ended the hematemesis. During the afternoon the bowels were moved twice, the stools characteristically black and tarry, chiefly blood. The crucial proof of the correctness of diagnosis had now been presented in alarming form. The situation was grave. The prognosis was guarded. It could only be said that the case was not desperate—there were hopes of recovery. In attempting to arrive at correct conclusions in this regard, of course one of the most important questions was, what is the depth to which the ulcer has penetrated the wall of the stomach. The large quantity of blood lost at once would lead to tne fear that the splenic, gastric, or gastro-epiploic, or other important arteries had been severed, which could not occur unless the ulceration had penetrated completely through to the peritoneal coat of the stomach. The physicians were led to hope, however, from the pronouncedly venous character of all the blood ejected that notwithstanding its great quantity it was from distended veins in the neighborhood of the ulcer which had been ruptured, as pointed out long ago by Andral.

They were still further confirmed in this hope by consideration of the fact that the rapidity with which the blood had escaped would probably prevent its discoloration, in case it had been arterial, by the gastric contents. Absolute rest of the stomach was decided upon. Nothing was administered by the stomach

but small pellets of ice and occasionally a teaspoonfull of water for 20 days. Patient was sustained by rectal alimentation exclusively, which consisted of milk, milk puch, mixture of albumen in water, beef-tea, etc., alternating from time to time as occasion required. The injections were repeated once in five hours or about that, day and night, and were well borne. Several times irritation of the rectum and rebellion was threatened, being easily allayed, however, by adding tinct. opium to the enemata, which also had soothing effect upon the general condition of patient, securing sleep. At the expiration of 20 days attempts were made to feed the patient by the stomach, small quantities of milk treated by Fairchild's ext. of pancreaticus, but the induction of pain and the absence of appetite caused patient to reject this method. Rectal alimentation was resumed exclusively for ten days longer, the patient slowly but surely recovering. She was now allowed milk in small quantities, which was well borne. She was dismissed July 9th, but little over two months after treatment was commenced. She was called upon a few days since by Dr. Mitchell who found her in the enjoyment of robust health; weight 154 pounds.

Dr. Davy, in connection with the above, reported the following case: L. B., aged 46, horse trader consulted me about six weeks ago for loss of appetite and persistent nausea. He had been a steady drinker for years though he has generally enjoyed robust health. About one year ago he applied to me with pain in the cardiac region and some palpitation. Some simple treatment was ordered, and he was told to avoid excesses of all kinds, after which no further complaint was heard. A laxative was given, and lime-water, and milk was ordered, but without effect, and I was asked to see him at his house on the following day. On examination I found his temperature 101.5° F., pulse somewhat frequent, tongue with brownish coat, breath offensive, appetite very poor with inclination to vomit on taking food. Quinine was administered and rest enjoined, but despite my order he would leave the house, and though eating nothing he would go about his affairs on the street. After a couple of days the fever abated, and he expressed himself as feeling better, though his tongue was still coated and white as cotton. He ate very sparingly and drank root beer, as that only would remain on his stomach. One evening, about a week after he first complained of being sick he vomited some coagulated blood; he did not speak of this, but on the next morning went off on the railroad some forty miles in the country, where he drove a considerable distance further in a buggy. When he returned from this jaunt alout two o'clock the same afternoon, he commenced vomiting blood. On

my a arrival at his bedside about five o'clock, he had thrown up fully three pints of blood which was still fluid. He was blanched, almost pulseless, and bathed in perspiration. The vomiting had ceased, though the inclination to throw up was very great. This continued until the following day when the bowels were opened by injection. Tarry stools continued to pass the bowels for about five days. The day following the hemorrhage the skin and conjunctivæ became discolored with bile, which appeared also in the urine. The appetite remained nil for several days after the hemorrhage, though gradually raw oysters were taken with increasing relish, and other articles of food slowly returned to. There was no epigastric tenderness at any time, though often there was abdominal tenderness and some tympanitis. The temperature after the hemorrhage did not rise one degree above the normal, and the tongue gradually cleaned off, commencing at the edges. About 24 hours after the hemorrhage a teaspoonful of clear blood was thrown up while retching but no further bleeding occurred.

This case is strongly suggestive of gastric ulcer, though it is not impossible that the bleeding occurred from the stomach and upper bowels together. That the liver was at fault, most probably, from chronic alcoholic poisoning, seems to be beyond doubt; and we may attribute the hemorrhage in some measure to the fact that the portal circulation was interfered with. That embolism of a gastric arteriole should have occurred, thereby exposing an area of mucous lining to the solvent action of the gastric juice, is in my mind, the most reasonable solution of the problem; as the condition of the heart and circulation has at no time of late been free from the evil influences of drink, excitement and general fast living.

DISCUSSION.

Dr. Tate said that in connection with the cases just reported, he would mention the following: About two years ago he was called to see an old gentleman laboring under the following symptoms: a most intense pain in the stomach, a pulse reduced and scarcely perceptible, surface of the skin cold and clammy, and a most violent shaking as if the patient had a chill. He inquired about the history of the patient, and learned that he was an old gentleman, eighty-five years of age, unusually well preserved and in the enjoyment of good health up to a month or two ago. He was, however, a great eater, often taking indigestible food into his stomach which would cause him great pain until it was ejected from the stomach whereupon pain ceased. As the patient proved very rebellious to any effort at restricting his meals and persisted in eating indigestible food these same symptoms

came on frequently. The pain was always of a boring character as if it penetrated through the stomach into the vertebral column. When the contents of the stomach were gotten rid of the pain ceased. There was no vomiting of blood at any time. The speaker came to the conclusion that he had to deal with a case of gastric ulcer, even if there were no hæmatemesis, as this disease may occur without it. During the paroxysm of pain he gave hypodermic injections of morphine, and in the interval he put him on the use of iodoform, one grain in a pill every four hours and continued this treatment. He administered no injections but allowed the patient 2 tablespoonfuls of milk once every three hours in the day time, and nothing else. It was this restriction of the diet that made the patient rebellious and the non-pursuance of which brought on the return of the paroxysms of pain. In two weeks the man was entirely relieved and in three weeks he got up and walked about. The speaker was led to the use of iodoform from the fact that he had been treating a chronic ulcer of the leg successfnlly with this agent, and it occurred to him that the same treatment might also prove servicable in an ulcer of the interior. When he consulted his National Dispensatory he found that some one else had resorted to the same treatment before him.

Now this was but one case, but it was undoubtedly one of gastric ulcer that recovered. Whether the curative agent was the iodoform or the low diet must depend on experience.

Dr. Cassat said that he had a case last August similar to the one described by Dr. Reamy, except that the pain in the gastric region was excruciating. He began treatment with morphine hypodermically and iodoform internally. As the stomach continued to reject everything he administered, injections of milk and beef tea for a period of three weeks were given without any internal administration of food. Since then the patient has perfectly recovered.

Dr. Ravogli said he saw once an autopsy in a case of gastric ulcer. A man suffering with purpura hemorrhagia had an attack of great pain in the region of the stomach and abdomen. Quinine and iron was ordered, the spots disappeared and the patient left. In two or three months afterwards he again returned suffering with an insupportable pain in the stomach, bloody vomiting, and afrer a while also bloody discharges from his bowels, the stools having the appearance of coffee-grounds. In the last days the bloody vomit became fearful he ejecting large quantities every few hours, until he died. At the autopsy a round ulcer with sharp edges and extending into the peritoneum was discovered in the lesser curvature of the stomach. The stomach was full of blood and the peritoneum was studded with many

hemorrhagic spots. This may throw some light on the etiology of gastrsc ulcer.

Rindfleisch says it is produced from a hemorrhage of the mucous surface, while Virchow claims it is the result of thrombosis and embolism of the blood vessels of the stomach.

Dr. Whittaker said that the discussion of gastric ulcer had such a wide range that it was difficult to say much more about it except as to theoretical points. The cases presented showed all the main symptoms, so that the diagnosis was rendered easy. Sometimes, however, the diagnosis is very difficult between gastric ulcer and chronic ulcer. Frequently an ulcer is overlooked and its existence only revealed on the post-mortem table, and sometimes an internal hemorrhage is found to be due to an unsuspected case. When there is chronic thickening of its wall it may simulate coarser lessions, as for instance, cancer. Ulcer of the stomach is, moreover, of more frequent occurrence than is commonly believed; about five per cent. of deaths from all causes being due to this affection. It is a surprising fact that it occurs much more frequently in some countries than in others, without any particular reference to diet. Thus, in England, in some places the mortality is as high as eleven per cent., whilst in Germany the ratio is only four per cent.

Pain is the most characteristic symptom, few cases occurring without it. According to Brinton, vomiting occurrs in about four-fifths, hematemesis only in about one-thirid of the cases. The rarity of this most characteristic sign is unfortunate for the diagnosis.

As regards treatment nothing can be mentioned more than has already been said. The main indication is to give the stomach rest. Most of the remedies given to heal the ucler are theoretically as well as practically defective. Nitrate of silver is the substance most used, but it is not to be supposed that a one grain which will be disseminated over the whole surface of the internal coat of the stomach can exert much force on a small ulcer, especially when we consider that the stomach is full of fermenting matter, and the ulcer is, as a rule, not bigger than a dime.

The main thing as regards diet is to give rest to the organ. Much attention is placed by clinicians on the state of the bowels; as constipation is a marked symptom some laxative must be given, and for this purpose the salines are the least irritating. For rectal alimentation the best is a pancreatic emulsion with beef; the pure pancreas being mixed with chopped beef. Rectal alimentation, of which so much has been said and written in terms of praise, had disappointed the speaker; after three or four injections there always occurreed an intolerance of the rectum,

especially if milk was injected, where the water alone is absorbed and the butter and caseine coagulate creating curds which are later ejected.

The most interesting part of this disease is its etiology. No particular contribution to it was made until by Virchow. Before that time it was thought that a too great acidity of the gastric juice or highly irritating food was the chief cause of the ulcer, but Samuelson was unable to produce an ulcer by increasing the acidity to any degree. Moreover the contents of the stomach become intensely acid in the acetic fermentations of gastric catarrh and carcinoma, and no ulcer result. Virchow showed that it arose from an embolus or a thrombus, an occlusion of a blood vessel at the base of the ulcer. Cohnheim injected into the blood certain substances, as wax and chromate of lead, and produced a gastric ulcer though not with such clear cut edges. Axel Key concluded that a cardialgia, which is frequently the first symptom of trouble in the stomach, was the cause of ulceration in keeping up a continued spasm of its muscular coat, which is hardly conceivable. The most valuable recent contributions emphasize the significance of anemia in its production. Lumeke found that the abrasions which resulted from the stomach pump healed in two or three days in healthy dogs, but resulted in ulcer in dogs rendered anemic by previous venesections.

It is known that extensive burns of the skin are apt to be followed by gastric ulcer, or ulcer in deodenum from accumulation of effete products in the circulation, inhibition of the circulation and consequent anemia. Schiff and Ebstein produced an ulcer by irritating the brain and spinal cord. Aufrecht states that the injection of the tincture of cantharides causes an ulcer of the stomach by producing disease of the urinary tubules. Scarcely any chapter in nosology is more in need of further work in its final elucidation.

Dr. Tate replied that he would make one practical point in regard to the uselessness of injections of milk claimed by the previous speaker. Dr. Campbell, of Georgia, made a series of experiments on animals on rectal alimentation, to find out where assimilation took place. He found that the articles injected were taken from the rectum to the upper part of the intestinal canal and assimilation there took place. If this is true the milk will be just as nutritious in this way as if taken by the stomach.

Dr. Nickles said that undoubtedly numerous recoveries occur in cases of gastric ulcers that were not treated by rectal alimentation. No doubt ulcers heal very rapidly and may be present where we consider the case to be one of simple dyspepsia. He once had a case where there was no vomiting previous to the hematemesis.

The pulse became rapid and scarcely perceptible; subsequently dropsy resulted in consequence of extreme anemia. This patient had suffered for a long time from the symptoms of an ordinary light dyspepsia. Vomiting of blood ceased after the hypodermic and internal use of ergotine. Rectal injections of milk were made besides the internal use of bicarbonate of soda and subnitrate of bismuth. Gradually the vomiting and other severer symptoms ceased and in five to six weeks the patient entirely recovered. The reporter of the first case had injected beef tea. If this be the ordinary essence of beef made by boiling the meat it cannot be of much use to the patient. As the albumen cannot be boiled out, this watery soluton contains no nutritive material and therefore is only a stimulant and no nourishment at all.

Dr. Ransohoff said that when he was in Wuerzburg he saw as many as one dozen cases of gastric ulcer in one year. They were mostly in young persons and generally girls. He was not aware that it occurred so late in life as in the case cited by Dr. Tate. The speaker thought that it could not be caused by a great amount of food introduced into the stomach, as this would be more apt to produce dilatation of the organ. The question is if the so-called gastric ulcer be really an ulcer or simply an erosion of the mucous coat of the stomach. In his opinion the ulcer resulted when there was gangrenous changes in the mucous membane of the stomach itself. In one case that he had seen the patient succumbed to the hemorrhage. Transfusion of milk was resorted to but without any brilliant result.

Dr. Mitchell said that although no satisfactory explanation may be given for the absorption of milk by the mucous membrane of the rectum, it is nevertheless a clinical fact. Experiments have proven that the mucous membrane possesses the ability of absorption and possibly of solubility. It is not necessary that the proteides should be converted into peptones to be absorbed. In the case reported by Dr. Reamy he was positive that the milk was absorbed.

Dr. Cleveland said that the explanation given by Dr. Tate when quoting Dr. Campbell's experiments possibly accounted for the absorption of milk. He had, however, seen a large amount of coagulated milk pass off from the rectum undigested. The rectum has the property of retaining food which it holds by its sphincters and is largely supplied with blood-vessels.

D. Tate in replying to Ransohoff's remark that he had not heard of the occurrence of gastric ulcers in old persons, said that such cases were numerous. If we suppose than an atheromatous condition of the arteries may cause a break in the blood vessel of the stomach and consider that an atheroma occurs more fre-

quently in old than in young persons, we can easily account for the occurrence of gastric ulcer in advanced life.

Dr. Young thought that ulceration may be due to a necrosis of the coat of the stomach from venous instead of arterial changes, namely, from a varicose condition of the veins. As the watery portion of the food enters into circulation, it may cause an over-distension of the venous side of the circulation, causing a varicose condition and subsequently ulceration as we find it in varicose ulcers elsewhere.

As regards treatment by giving rest to the stomach the speaker said that three years ago he had a patient where cancer of the stomach had been diagnosticated. He suggested to the patient to abstain from food altogether on every alternate day, and on that day to sponge her body with whiskey in order to stimulate her. She kept up this treatment for over a month and did well under it. At this time she heard that a man in the neighborhood had died of cancer of the stomach; she became discouraged at this, took food promiscuously, as she thought she was to die anyhow, and finally died. During the previous treatment she had less pain and improved in flesh. Her friends therefore thought that if she had persisted in this treatment she would have ultimately recovered.

Dr. Reamy, in concluding the discussion, said that all the statements which have been made with regard to the different phases of digestion, the character of food required and the physiological laws governing this process in its various steps are true; but granting it, the clinical observations made by himself and two others show that even more than this is true. All know that the chyme must be acted upon by the secretions of the liver, pancreas secernet glands of the intestines, the duodenal glands of Bruner, etc. Bile and pancreatic juice converts starch into sugar, emulsifies fats, and converts albuminous substances and glutens into peptones. He had in his own practice, both hospital and private, in repeated instances demonstrated the practicability of rectal alimentation. He had no doubt whatever that one of the best articles of food for this method is the pancreatic emulsions first proposed by Leube; that this emulsion is most eligible as an article of diet given per os in cases of gastric ulcer, since it is unirritating to the stomach and almost digests itself. But he wished to impress upon the Academy the fact clinically demonstrated that other articles such as milk punch, beef tea, white of eggs, etc., can furnish per rectum sustenance to the patient.

In the patient whose case he had tonight reported, there was clinical proof beyond question of the truth of these statements. This patient as the report showed, had taken next to no food per

os during a long time, but had been fed by the rectum regularly with the articles above named, milk punch largely predominating, beef tea having been given regularly at least twice daily. It could not be alleged that this young woman during this long period of time was sustained without nutrition, for she was already anemic and emaciated from long continued malnutrition, when the violent attack supervened. And yet, under rectal alimentation alone she rapidly gained in strength and weight, color coming to her cheek which had been blanched from loss of blood. The speaker wished to remind gentlemen who are so skeptical upon this subject that Kuhne had shown that the stools from cholera patients have a greater power of converting starch into sugar than saliva. Busch and others have shown that the intestinal juice can digest albuminous matter without the aid of bile and the pancreatic juice.

Tyson has called attention prominently to the admirable adaptation of the rectum, anatomically considered, for the purposes of feeding. Its great vascular supply rendering absorption more easy and certain; then its dilatation just above the anus furnishes an ample receptacle for food. The quantity employed not being too great nor too frequently administered, the anus soon acquires the power of acting as a perfect sphincter. Its rebellion under such circumstances will soon cease if the alimentation is properly conducted.

No one will deny that albumen, gelatine, starch, in short all colloids, must be converted into crystaloids before they pass into the system. No one, so far as the speaker knew, had demonstrated that this change can occur in the rectum, nevertheless, that nutrition from rectal alimentation by beef tea, milk punch, etc., does occur, cannot be successfully contradicted. To the criticism of his friend Dr. Whittaker, "that the caseine of the milk is all left in the rectum to be washed out, none of it being absorbed" simply this: The oil globules, water and salts constitute important elements and proportions in milk, and the retention of the caseine does not disprove the absorption of these constituents, therefore does not disprove its nutritive properties when so administered.

To the criticism of his friend Dr. Nickles, that beef tea as ordinarily prepared is a poor nutritive, he would reply that no one now claims that beef tea has a high rank as a nutritive; on the contrary it ranks almost equal to alcohol as a stimulant. Nevertheless it is somewhat higher than alcohol as a nutritive.

SELECTIONS.

ALETRIS FARINOSA AS A UTERINE TONIC.

In our last United States Dispensatory I find aletris farinosa among the non-officinal remedies. I am surprised at this. It is spoken of as simply a bitter tonic: in large doses a cathartic and emetic. Our compilers, it seems to me, should be governed to a certain extent by the observation and experience of men capable of judging of the merits of medicines in given cases. I say it without fear of successful contradiction, that aletris farinosa stands unrivalled as a uterine tonic. I have used it in irregular, painful, suppressed and excessive menstruation and have yet to see one single failure. Dr. Johnson, my former partner, and myself used last year at least one gallon of the tincture and so far have succeeded in every case in relieving the applicant. Again, when the womb has aborted for years successively, its continuous use has carried cases through the full period of gestation. In two or three cases, where from some irregularity the woman had failed to conceive in periods from 5 to 15 years, its use had enabled each case to conceive and give birth to hale, hearty children.

I trust other professional friends will experiment with this most valuable of all agents for restoring normal action upon the part of the uterus, and I will guarantee no failure where properly applicable and administered correctly. The dose is 10 minims three times daily for from one to three months, and I have even known it administered continuously during entire gestation. I should feel completely lost without it It is true that black haw will as surely prevent abortion, but it fails to meet all the indications in cases where it is difficult to find the cause of any abnormality. The aletris here comes to the rescue, to the relief of the patient and the entire satisfaction of the practitioner.—*Therapeutic Gazette.*

THE CURE OF ONYCHIA AND INGROWING TOE-NAIL.

Dr. M. A. Veeder, of Lyons, N. Y., communicates the following: "For the cure of onychia and ingrowing toe-nail the following plan is simple and effective: Destroy the fungus granulations by means of strong carbolic acid, or silver nitrate, and then press back the diseased tissue away from the sharp edges of the nail by means of a piece of the ordinary felt-plaster so much used for corns, which is to be applied as follows: Get a piece large enough, such as that used for bunions if need be, and

cut it the size of the exposed surface of the nail. Moisten the adhesive surface of the plaster, and apply it directly to the surface of the nail, pressing the margins of the felt firmly against the diseased parts surrounding the nail. It should be held in place until dry, when it will be found to be strongly adherent, and it may then be covered with a bandage, as a means of exerting still further pressure on the diseased parts. This dressing may require to be renewed repeatedly, at intervals of several days. The length of time required for a radical cure depending upon the extent to which the nail has been disintegrated, the cure not being complete until the parts destroyed are replaced by a fresh growth of nail substance.

PASSAGE OF A LUMBRICOID WORM THROUGH THE EAR.

Dr. Paul Dagand writes to the *Journal de Medecine et de Chirurgie Pratique* for June, 1883, concerning an epidemic of measles occurring during the first quarter of the present year. In every case he observed a peculiar complication in the presence of a large number of lumbricoids, which were discharged from both the mouth and the rectum, sometimes to the number of fifty or more. He was called in haste, one day, to see a child suffering from measles and secondary pneumonia, from whose ear the father said a worm was coming. The child had complained for two days of violent earache, and Dr. Dagand, upon his arrival, discovered a piece of a worm, about a line in diameter, in the external auditory canal. A piece about two inches in length had already been torn away, and the attempt to remove the rest was successful. The entire length of the lumbricoid was about five inches. The worm had apparently passed up through the Eustachian tube and perforated the drum. There was an otorrhœa for some days, which gradually disappeared. When seen two weeks later the child was well with but slight impairment of hearing.

THERAPEUTICS OF BUTTERMILK.

Koumiss excepted, which is itself a kind of buttermilk, no beverage is so grateful and refreshing to thirsty patients as buttermilk. It is a fortunate circumstance too, that while the patient is assuaging his thirst with the most agreeable drink, he is unconsciously taking in the very best of food. Patients who loathe every other kind of food will greedily partake of buttermilk. It also possesses medicinal properties of considerable value. It is therefore not surprising that it is daily growing in

favor with the profession. One thing, however, is surprising, and that is, the absence of any extended reference to it in medical llterature.

From time immemorial buttermilk has been a staple article of diet. In Scotland and the North of Ireland it is delivered by dealers as regularly as new milk. As everybody knows, these people are the greatest porridge eaters of the world. By them, buttermilk is preferred with their cherished dish, and judged by results porridge and buttermilk are wholesome articles of diet, for where can be found sounder bodies or clearer heads, than are to be found amongst these celebrated porridge and buttermilk eaters. Buttermilk may be rougnly desbribed as milk which has lost most of its fat, and a small percentage of its casein and which has become sour by fermentation. To suppose that the principle elements of buttermilk are constant in quantity, and in their relation to each other, is a great mistake. To assist us in ascertaining more accurately the composition of buttermilk, we shall first of all examine the cream-crock. It contains the cream and milk in variable proportions. The milk has undergone fermentation and is acid, or sour, as it is commonly called. The relative proportions of cream and milk, contained in the cream-crocks, depend on the fancy of the person who skims the milk-pans, in allowing much or little milk to pass over with the cream. There may therefore be much cream and little milk, or the reverse, a circumstance which has an important bearing on the contents of the churn, after the removal of the butter. Let it be borne in mind that under no condition is the whole of the fat removed. There is always a residuum of fat left in the churn. Should the cream be greatly in excess of the milk, this residuum of fat will be greater and *viee versa*. The casein contained in a given quantity of buttermilk, also varies in quantity. The thinner the layer of milk allowing to pass off with the cream, the poorer will be the resulting buttermilk in casein. The casein is still further reduced in the process of churning, a certain percentage being removed along with the butter. From this it is plain that buttermilk not only contains casein in variable quantity, but the casein is always slightly below the standard of average milk. Temperature is another disturbing factor in the proportionate relations of fat and casein contained in buttermilk, as compared with standard milk. If churning be performed at a temperature much too high the fat globules refuse to aggregate or coalesce so as to form butter. They behave in the same manner at a temperature much too low. As a real intermediate line is seldom exactly struck, it is easy to see that this furnishes an additional cause for a frequent excess of fat in buttermilk. If in connection

with the foregoing facts we take the results of fermentation, or coagulation of milk, in which the sugar is converted into lactic acid, we shall have a tolerably clear idea of the ultimate constituents of buttermilk.

Coagulated skim milk differs but little from buttermilk in its chemical condition. It probably contains about the same quantity of fat. It is, of course, richer in casein, and herein lies the principal difference. In fact it is almost a perfect substitute for buttermilk, after being treated in the same manner as the contents of the cream-crock, that is, agitated, so as to break up, and thoroughly reduce the curds, and make the whole light and frothy by admixture with the atmosphere. Not long since a lady of our acquaintance hit upon the above plan to satisfy the longings of an invalid for buttermilk, and it is to that circumstance that this article owes its origin. The season being winter buttermilk was unobtainable, The milk was coagulated by being put in a warm place. It was agitated by a revolving egg-beater until it was light and frothy. Sour milk thus treated tastes exactly like fresh buttermilk. In view of the fact that buttermilk is hard to get at certain seasons, the value of the proposed substitute becomes apparent.

The first process milk undergoes in the stomach is the coagulation of the casein. In sour milk this is already accomplished, and that too in a more satisfactory manner. Sweet cow's milk coagulates in the stomach in the form of semi-solid cakes, which many stomachs are unable to reduce to a proper state of subdivision. In sour milk on the contrary, the curds are loose and flakey, much resembling the curdling of human milk, which may be seen in the vomit of the over-fed infant at its mother's breast. The digestion of sour milk is made still more easy by the process of churning, by which the flakey curds are reduced to a state of fine subdivision.

Long experience has demonstrated the superior digestibility of buttermilk, and this inquiry simply furnishes the reasons. Buttermilk is a true milk peptonoid, that is the fashionable word of the day,—milk already partly digested. The range of its application is therefore wide and but little restriction need be observed in its use. It is good food and drink for young and old, sick and well. Being food it ought not, as many do, be taken between meals. This practice accounts largely for the common belief that buttermilk disagrees with many persons. Being an agreeable drink, it is often too freely used. Sick persons who partake of little or nothing else, may partake much oftener and more freely. Although containing about the same quantity of nutrition as sweet milk, yet patients appear to be able

to consume with ease at least double the quantity of buttermilk.

Buttermilk has at least three therapeutic properties more or less marked. It is a decided laxative to the bowels, and this fact should be borne in mind in the treatment of typhoid. This affords a hint for its use in habitual constipation. Buttermilk is a diuretic and may be prescribed with advantage in some kidney troubles. Owing to its acidity, combined with its laxative properties, it is believed to exercise a gentle impression on the liver. It is well adapted to many cases where it is customary to recommend lime-water and milk. It is invaluable in the treatment of diabetes, either exclusively or alternatiug with skim milk. In some cases of gastric ulcer and cancer of the stomach it is the only food that can be retained.—*Canada Lancet.*

MOIST HANDS.

Mr. H. A. Smith writes, in the *British Medical Journal*: Moisture of the hands (local hyperidrosis) is a purely functional disorder of the skin, due to disturbances of the nervous system. Stout women, generally servant girls, suffer from it, although the fair votaries of the ball-room and members of good society, together with those of lithe and nervous habit, occasionally come under notice. It may or may not be attended with pain and inflammation, dysidrosis or fetor-osmidrosis, or, more rarely, pigment-chromidrosis. As a rule, the axilla and feet sympathize more or less. As the condition appears to be due partly to abnormal vascular conditions, but mostly to irritability or undue stimulation of the vaso-motor nerves, probably of central origin, the following lotion will be found exceedingly useful:

℞.—Liq. plumbi subacetatis,	ʒ iij.
Sp. vini methylati,	℥ j.
Aqua rosæ,	ad ℥ x.

Fiat lotio.

The lotion to dry on, and the hands subsequently to be dusted three times daily with powder composed of equal parts of calamine and starch-powders. The patient should wash the hands always in cold water, and well dry them, and should avoid malt and all fermented liquors, pickles, spices, tea, and coffee (taking cocoa), and be sparing in the use of sugar. The lotion failing, she should wash the hands thrice daily with carbolic acid soap in soft water, in which half a dram of extract of belladonna has been previously dissolved, and take a pill containing valerianate of zinc, two grains; quinine, one and one-half grain; and extract of belladonna, one-fourth grain, with conf. rose q. s., t. d. s. A mixture (if any tingling or burning in the fingers) containing

bromide of potassium, digitalis, and a vegetable tonic, will complete the treatment. The belladonna, besides causing vaso-motor paralysis, contracts the unstripped muscular fibres surrounding the arterioles going to supply the sweat-gland, and carbolic acid has a benumbing effect on the nervous filaments supplying these and the papillæ of the skin proper.

CHAUFFAGE OF THE GENITAL ORGANS IN VENEREAL DISEASE.

Following in the line of Chauveau's experiments in weakening virus by heat, Dr. Aubert suggests that the virus deposited upon the skin or in the tissues may be modified by raising the temperature of the part to 108° or 109°. He remarks upon the cure of paronychia sometimes obtained by immersing the finger in hot water, and suggests that we might avert by this means the consequences of snake-bite, dissection wounds, or a suspicious coitus. M. Aubert has made a few experiments in this direction with chancroidal pus. He exposed a part of the pus for twelve hours to a temperature of about 109°, while the rest was preserved at the ordinary temperature. Inoculations with the warmed pus were without result, but a chancroid followed the introduction of the other. He therefore concluded that chauffage destroyed, or at least rendered innocuous the chancroidal virus. The author has as yet made no experiments with the virus of syphilis or gonorrhœa. He suggests that the high temperature is the explanation of the subsidence of syphilitic manifestations during the course of typhoid fever or other febrile disease. He further asks if the fact that chancroid is not developed in the interior of the body and never passes beyond the superficial lymphatic glands, may not be explained by the destruction of the virus by the heat of the deeper tissues.—*Journal de Medecine de Paris*, June 2, 1883.

HABITUAL NOSE-BLEEDING AND ITS TREATMENT.

Clinically we may classify attacks of nose-bleeding under three heads: There are, first, the accidental and incidental attacks, which are common to all,; second, there are the frequent and severe attacks which are liable to occur in cases of hæmalophilia, leucæmia, scurvy, morbus maculosus, etc., and in local disturbances where there are polypi, vascular hypertrophies, etc. But, besides these, there are cases, and every practitioner sees them, where the patient suffers for years from attacks of nose-

bleed, and where no especial constitutional or local cause seems to be present. A number of German observers have been studying this condition, and recently Dr. O. Chiari gives in the *Wiener Medicinische Zeitung* a summary of their opinions, with some conclusions of his own. These latter are founded upon considerable personal study and have a practical bearing, so that we venture to present them here. Dr. Chiari believes that in most cases of what he terms "habitual nose-bleed," not dependent on injuries, catarrhs, polypi, etc., the hemorrhage comes from a circumscribed locality in the nose, which can generally be seen and reached. He has studied the history of twelve cases of nose-bleed, nine of the patients male and three female; most of them were young, the age varying between fifteen and twenty years. All had suffered from epistaxis for a series of years. The attacks occurred sometimes daily for a period, in other cases weekly or monthly. They differed in violence; in some cases being slight, in others alarmingly persistent. All the patients suffered from their trouble, there being such symptoms as headache, weakness, anæmia, mental annoyance, etc. The attacks were sometimes brought on by sneezing, blowing the nose, or slight mechanical violence; but oftener they occurred spontaneously, and sometimes even during sleep. In two cases only did the hemorrhage come from both nostrils.

Now Chiari states that in all his cases the source of the bleeding was a circumscribed spot, generally about the size of a millet-seed, which could be seen on the cartilaginous septum near its junction with the bony septum. By pressure upon this point bleeding could be stopped. He directed treatment to this point alone, applying generally the galvano-cautery, but sometimes the lunar caustic. Five cases were cured positively; five more did not return to his clinic; two were improved.

The position of the bleeding-point upon the nasal septum was confirmed by Hartmann's observations, and Chiari states that in twenty-two out of twenty-five observations it was found there. The ease with which the hemorrhage is controlled by properly applied compression, and the possibility of curing the trouble, make the observations of Chiari of especial interest.—*Medical Record.*

REMOVAL OF A MASS OF HAIR FROM THE STOMACH.

From the *Medical Record*, July 15, 1883, we learn that at the twelfth meeting of the German Surgical Association in Berlin, on April 5, Dr. Schonborn, of Konigsberg, showed a mass of hair

which had been removed from the stomach of a young girl, in whom the presence of a tumor had been diagnosed for one and a half years. The tumor was in the left epigastrium, and was taken for a splenic growth or a floating kidney. Digestion was normal, but fits of vomiting came on at intervals of from three to five days. An opening about five inches long was made in the anterior wall of the stomach, the mass of hair was tnrned out, and convalescence followed rapidly. The tumor consisted of innumerable short pieces of hair, which had become felted together, constituting a mass weighing 381 grammes (over $13\frac{1}{2}$ ozs). The girl and her companions had been in the habit of biting off the ends of their plaits of hair and swallowing them, in the belief that they would thereby attain a fine voice. There are seven similar cases in medical literature, all of which, with the exception of one half-grown boy, were met with in the female sex, and none of which were mentally diseased. None of those other cases were diagnosed during life, but all died with symptoms of peritonitis, so that this is the first case of cure.

ABSENCE OF VAGINA, UTERUS, OVARIES—ENORMOUS DISTENTION OF URETHRA WITHOUT INCONTINENCE.

From the *Med. Record*, July 28, we note that Dr. James F. Ferguson, Visiting Surgeon to the Charity Hospital, New York, relates the history of a prostitute admitted October 25, 1881. Father was consumptive; mother died of pulmonary hemorrhage. The patient was the tenth child. She denied all previous venereal trouble. Although eighteen had never menstruated, nor did she give any history of vicarious phenomena. She noticed a pimple on the posterior commissure at the time of admission, followed by a discharge, with scalding on micturition. There were three small chancroids in the posterior commissure. The chancroids were touched with carbolic acid, and dressed with iodoform. On the 29th of November, the parts having healed, a further examination was made, when no vagina was found; the meatus urinarius and urethra were very much enlarged. The sores above mentioned prevented an earlier examination. The labia was well developed. An examination was made by Dr. Ferguson, with Dr. Walter R. Gillette and Dr. E. S. Peck. They failed to find a uterus or ovaries. Investigation was made by the finger in the urethra; also bimanual touch throngh the rectum, and by sounds. The outer portion of the urethra was greatly dilated; she did not have incontinence of urine. She was well developed—breasts well formed, also the nipples. The mons of

normal size. The labia, nymphæ and clitoris presented the usual appearance. In this very remarkable case the unusual feature is exhibited of a urethra largely distended, with no incontinence of urine.

A NEW ANTIPYRETIC.

Of late many new antipyretic remedies have been placed upon the market, but it has been found that they seemed to be of effect only at the home of those who first recommended them. Professor Filehne, however, of Erlangen, has now made us acquainted with a new remedy, which is really an antipyretic. Its name is Kairin, and its chemical composition can be gnessed from the fact that chemistry, which detected this remedy, and introduced it as a substitute for quinine, calls it oxy-chinolin-methyl-hydride. Its dose is from 3 to 15 gaains; usual dose 8 grains. This dose is given every two hours until the temperature has been reduced to near the norm, when the smaller dose is administered in longer intervals.

During the last meeting of the Berl. Medicin. Gesellsch., Prof. Ewald reported his experience with Kairin, which coincides with that of Filehne. After one or two doses, the temperature of a phthisical patient was reduced from 104° to 99°. The remedy possesses some peculiar properties. If it is omitted totally after reducing the high temperature, the latter soon ascends again with a chill, which sometimes is very violent. To prevent this the remedy must be continued after it has achieved its object, but in a much smaller dose. If the larger dose is still administered, then the temperature declines rapidly below the norm, and even dangerous symptoms appear; but if the remedy is still administered in smaller doses, the chill is overcome and the temperature increases slowly. When near its former height, the large dose is again had recourse to. What constitutes in the single individual a large and a small dose, has to be determined the first day by careful observations. Filehne recommends that the first day the temperature should be taken regularly every hour, until the largest as well as the smallest dose of Kairin necessary in the individual case to reduce to and keep the temperature at the norm is determined. The dose, determined in such a manner, will hold good during the whole case; *i. e.*, if it has been observed on the first day that 8 grains are sufficient to reduce the temperature to the norm, and 3 grains to keep up this decline and to prevent the chill, the same doses will have the same effect all through the disease.

Should further observations prove the invariable reliability of Kairin as an antipyretic, this remedy would be a very valuable

addition to our therapeutics, and that it will do so cannot be doubted from the uniform results gained by the high authorities mentioned. So far we had besides cold water and an active diaphoresis—measures which cannot always be resorted to—only quinine, upon which we could rely for reducing the temperature. But in most inflammatory and infectious diseases, quinine for such a purpose is contra-indicated, as its dose must be 20 or 30 grains at least, and besides a long time generally elapses (5 to 8 hours) before this reduction of temperature (which except in malaria never amounts to more than 2 or three degrees Fahr, anyhow) becomes apparent. In Kairin we would possess a remedy never contra-indicated; a comparitively small dose is sufficient for the purpose of reduction, and a very small dose to keep up the reduction, and its effect is rapid and certain. We know very well that often a valuable life might be saved were we able to reduce the high temperature for a number of hours—we only need to think of sunstroke. We hope that it will not be long till the remedy is brought to our country.

A READY METHOD OF OBTAINING LOCAL ANÆSTHESIA.

Dr. Cheize, in *Jour. de Med. et de Chir. Pratique*, says among the dlfficulties which surgeons in this country frequently encounter, and must promptly overcome, is the paucity of surgical instruments and appliances. The want of a Richardson atomizer I had recently to supply in the following manner:

A young girl presented herself with inverted toe nails and solicited an immediate operation, i. e., extirpation. I imbibed with ether a piece of cotton wadding of the size of five francs, and placed it upon the big toe, and with a common hand bellows I blew on it for a few minutes, until complete evaporation had taken place. I saturated the cotton wadding a second time, and again manipulated the bellows. In less than five minutes anæsthesia was complete. I extirpated the ingrown nail, and applied to the matrix the actual cautery without the patient experiencing the least pain. I had to exhibit the extirpated nail in order to prove to her that the operation was performed. This is an anæsthetizing apparatus of the greatest simplicity, and within the reach of any one. Is it new? I do not know. It is certainly very simple. Country practitioners may find it of great value.

Dr. M. T. Yates, in a letter published in the *Biblical Recorder*, says of the surgical operations, to which he has recently submited: "My doctors said that they had seen it stated by an American doctor that if a person would breathe as rapidly as

possible under an operation, he would not feel the pain of cutting and they wished to try it on me, to which proposition I assented. Dr. Macleod superintended the breathing—which was like that of a dog on a hot summer day—holding, out of my sight, a handkerchief in his hand to be dropped as a signal—when he saw the color come in my face—for Henderson, the operating doctor, to go ahead. When Mcleod told me 'That will do,' I was surprised to find that the operation had been performed. This I have tried three times, and have not, at either time, felt more pain than is usually inflicted in the case of vaccination. I heard the knife rip through the flesh, like the sound produced in cutting leather, but did not feel the pain. What is the philosophy of this kind of anæesthetic? Is it simply a diversion of the mind?" We presume the rapid breathing acts very much like the inhalation of laughing gas; that it oxydizes the blood more highly and makes the heart beat faster, as shown by the color in the face, and this exhilaration produces insensibility to physical pain. A man slightly wouuded in battle often does not know it at the time—partly, perhaps, because of mental preoccupation, but mainly, we suppose, because he is toned up by the excitements of the conflict. But whatever may be the explanation, Dr. Yates' experience is an instructive instance of the connection and interaction of bodily estate and mental sensibility.

CARBOLIC ACID IN CLINICAL MEDICINE.

Prof. J. G. Westmoreland, of Atlanta, gives the following practical observations as the result of his experiments with carbolic acid:

"Shortly after the remedy had been brought to notice, I, from some report of its action probably, used it as a general styptic for menorhagia, in the dose of two drops repeated every two hours. Proving successful for the relief of this hemorrhagic condition, I decided to test it in purpura hæmorrhagica. Accordingly, in a case presented in the Medical College clinic, which had been treated without benefit by the usual means, muriated tincture of iron, etc., I prescribed carbolic acid in the dose of two or three drops every three or four hours, well diluted with water, with complete success in a day or two.

"While the styptic effect may not be universally recognized, no one, as far as I know, objects to its use in this way. It is the local action, as described, which calls forth the opposition. When it is asserted that the undiluted acid may be applied to chancre, chancroid, diphtheria, chronic intra-uterine inflammation, etc., with very little pain, the war begins. Physicians

assert, of course without ever having tested it, that destructive action will be had upon the mucous membrane, and therefore cicatrical tissue necessarily follows. Learned gynæcologists, to whose use the remedy seems to me peculiarly adapted, forbid its introduction into the uterus, alleging that stenosis will be the result. Whether this conclusion is reached by experience or reasoning, it is certainly not more reliable than the opinion formed by hundreds of applications of the pure acid made in endometritis, diphtheria, cancerous ulcers, etc., without stenosis or other unfavorable result. When properly applied, so as to come in contact with the diseased part alone or the internal mucous membrane, very slight pain is produced, not more than that from stringent solutions of moderate strength. I have applied it with camel's-hair pencil to the pseudo-membrane of diphtheria in the mouth of an infant, and by injection to the urethra in gonorrhœa, taking care that the acid does not come in contact with the lips, glans penis, or prepuce. When applied to the uterus or vagina, its contact with the pudendum must be avoided.

"In the treatment of cancer I have used the acid only as an application to the ulcerated surface; but, from the promptness with which progress is arrested and superficial healthy tissue formed, I have hope of success, to some extent at least, in the bold attempt at cure by injection into the indurated tumor.

"In the commencement of what seemed to be malignant (cauliflower) disease of the os uteri, complete and permanent relief has followed the twice-a-week application of pure acid.

"Piles may be permanently cured, in half a week or two weeks, by injecting the tumor with undiluted carbolic acid. The needle of a hypodermic syringe charged with the acid must be plunged into the centre of the tumor and the piston slightly moved forward so as to discharge one to three drops. Let the needle remain for a minute, and then withdraw. Each tumor must be thus injected, and, if large, two punctures should be made. The tumor becomes pale, shrivels, and generally becomes dark and putrid in a day or two. No great pain attends the operation. Only a stinging sensation is experienced, which lasts a few moments.

"When several tumors exist, a second operation sometimes becomes necessary, owing to the failure to inject all the prominent points. On the second day the injection may be repeated if all the tumors do not become pale, lessened in size, or dark.

"The benefit derived from carbolic acid is, doubtless, derived from the peculiar action upon the capillaries and the blood itself. When applied to a surface it becomes white and bloodless, and when thrown into a mass of blood it is made more or less coagu-

lable, according to the proportion of the mixture. This driving of the blood, as it were, from the surface accounts for the control of inflammation by its local application, and the coagulating quality renders it useful as a general styptic. Indeed, inflammation, I believe, may be prevented to a large extent, in a part injured, by a proper application in diluted form. And while its good effects in this way are attributed to the destructive action upon bacteria, we think its good effects can be explained without recognizing the existence of these animalcula as factors in the production of inflammation and putrescence."—*Southern Medical Record.*

A SPINA BIFIDA PRESENTATION.

In the *Brit. Med. Jour.*, May 5, 1883, Mr. Charles Penruddock, M. R. C. S., of Winchcombe, writes:

On April 15, 1883, I was called by the the midwife to attend Mrs. B., who was in labor with her fourth child. Labor commenced at 2 p. m., on the previous day, the pains had been very severe until 10 p. m., but after that time became few and far between, and of very little force. When I saw Mrs. B., the pains appeared to be moderately strong but of short duration. There had been nothing abnormal in her previous confinements. On making an examination it was with great difficulty that I could reach the os, which I found nearly fully dilated; its margins were rather flaccid, and during a "pain" the presenting portion of the child exerted no pressure on them whatever.

From what I could feel of the presentation, I at first thought I had a face to deal with, there being something which very closely resembled the well defined margins of the orbits; beyond this I thought I felt the nose, and still a little further on, my fingers slipped into what I at once took to be the mouth, only it was somewhat jagged inside as though it were lined with fully developed teeth; I then came across a hand. I passed my hand into the vagina to make a more thorough examination, satisfied myself it was not the face, and at the same time could feel the unmistakable smooth outline of a child's hip, but owing to the above irregularities I was unable to tell clearly what the arrangement of parts could be, and decided to call in my friend and colleague, Mr. William Cox. We came to the conclusion that it was no face, but the lumbar region that presented, and therefore decided to turn. This was accomplished in the usual way, and the feet brought down, only slight difficulty being experienced nntil the head was being delivered, but with my left forefinger in the child's mouth and my right hand on its occiput, this was soon overcome. The placenta soon followed, and the mother made a good and rapid recovery. The child, a female, appeared to have been dead

about twelve hours, was fully developed. The head was somewhat hydrocephalic. On further examining the body we found the cause of our not being able to clearly diagnose the presentation, to be a large spina bifida situated in the middle of the lumbar region, and very much resembling to the touch the part for which I had at first mistaken it. This case struck me as being very interesting, in showing how a diseased condition of a fœtus may confound the diagnosis of the accoucheur.

INFANTILE CONSTIPATION.

For obstinate infantile constipation and its consequent derangements, Dr. T. M. Lownds says, in the *Lancet*, July 7, 1883:

I would suggest the trial of pepsine wine, about five drops given with each meal of milk and water. I have found it best to dilute the milk at first with twice its volume of water, sweeten with sugar of milk, and give the pepsine wine in a teaspoonful of the milk and water separately, either just at the commencement or in the middle of the meal. I have always found this abolish curdy stools and constipation in young children.

For the same condition, Dr. John P. Hamilton recommends milk diluted one-half, and to each orninary bottle add one or two teaspoonfuls of Dinneford's fluid magnesia. The abdomen should be well rubbed with oil two or three times daily, and night and morning one teaspoonful of cold water or more given if the infant will take it freely. During the first fortnight after the treatment is commenced it would be well to give each second night half a grain of leptandra.

While still another correspondent has found good results from the use of compound liquorice powder.

A RARE FORM OF IMPERFORATE ANUS.

Dr. Ramonet relates the case of a child, three days old, who was brought to him on account of imperforate anus. There were up to that time no symptoms of strangulation of the bowels. The perineum presented a perfectly plane surface without elevation or depression to indicate the point at which the rectum terminated. But at the upper and posterior part of the scrotum, at the median raphe, there there was a small orifice through which a little meconium escaped. A sound introduced into this orifice could be passed backward just beneath the integument to the point at which the anus ought to be. The operation showed that there was no deviation of the rectum; it was well formed and ended in the normal situation. The auus instead of opening directly formed an elbow beneath the skin and terminated with a fistulous opening at the root of the scrotum.—*Revue Medicale*, May 12, 1883.

EDITORIAL.

"In things essential, unity; in things doubtful, liberty; in all things, charity."

AN ASSISTED IMMIGRANT.

Of late we have heard much about assisted immigrants, but, unwelcome as these poor people are, we are threatened with the coming of an immigrant more undesirable still, whose passage is also assisted—by dirt and unsanitary conditions. On the 10th ult., 986 persons died in Egypt from cholera. This is emphatically a dirt disease, and filth of any sort invites it, and favors its spread. Epidemics of it have been known for centuries, probably from time immemorial. The history of these has generally been that isolated outbreaks occurred in the autumn, and with the approach of winter the disease died out, but re-appeared with extreme virulence in the later spring, summer, or early autumn months of the second year, and after raging a few months disappeared altogether. This would seem to indicate that its prevalence was largely determined by season, and that a high temperature was favorable, and cold inimical to its spread. On the other hand it has prevailed with greatest severity in Sweden and Norway in the depth of winter. The horror of the disease, the slowness, yet certainty of its onward march, its capricious outbursts, and as capricious subsidence, invest it with an air of mystery. It would seem to be the very type of an epidemic disease, and one too highly contagious, and yet, though it affects large numbers within a short time, it has been observed repeatedly that those in direct contact with cholera patients—nurses and physicians—seldom take it from them, and the introduction of a case into a hospital by no means renders certain an outbreak among the other patients. Still it has been observed also that its spread has always been along avenues of traffic, showing that human intercourse, not winds, were instrumental in its propagation. There is considerable evidence going to show that the specific contagium is contained in the evacuation, and that water fouled therewith is a common medium of spread. The epidemic of 1854, in London, was especially severe in a part supplied by two rival water companies—the Vauxhall and the Lambeth—both of which filtered their water from the Thames into which the sewers emptied themselves, but the Lambeth Co. took water well up the stream—Thames Ditton—the other drawing from a much lower part. The two were acting in rivalry, and in many streets their mains ran side by side, and in such streets and localities the dis-

ease singled out the houses supplied by the Vauxhall, though they were under the same sanitary conditions in every respect, as those taking from its opponent which gave purer water. Sanderson, of London, has produced some striking results by experiments on mice, going to show that the evacuations in which the specific poison seems to reside are comparatively innocent when first discharged, but acquire virulent infectious properties increasing up to the third day, and then rapidly losing them. He soaked paper in fresh evacuations, dried it, and after soaking it in grease fed it to mice, 11 per cent. of which were attacked with symptoms, and showed post mortem appearances, identical with those in the human. Of mice fed with paper soaked in the same discharge on the second day, 36 per cent. were attacked; of those fed on paper the third day, *every one*; on the fourth day, 71 per cent.; on the fifth day, 40 per cent. Paper prepared subsequently had no effect. Evacuations from the mice had the same effect on other mice as the rice water discharge from the human subject. The great probability is that it will visit us this year or next. If so, what shall the treatment be? Pure water, perfect domestic cleanliness, and, when the disease is present, disinfection of all discharges or articles fouled with them, are the best means for preventing its spread. That the treatment of the premonitory diarrhœa is a matter of vital importance, and that the diarrhœa, which so often prevails when cholera is epidemic, is really cholera, are matters of common belief, and have led to the vigorous treatment of diarrhœa, fearing it might run into the graver malady. But while some laud astringents, others prefer castor oil, and all refer to statistics proving the efficacy of their method. The probability is that simple diarrhœa never runs into cholera, whatever the treatment be, and there is no more ground for believing that cholera can be cut short than that typhoid fever can be aborted. During the period of collapse it matters not what the treatment is, if the stomach immediately rejects it. We know no better way of obviating this than by the hypodermic injection of morphia and atropia, the latter, to a great extent, overcoming the depression of the heart's action, caused by the former. Stimulants are of doubtful use to say the least. After the stomach is quieted, astringents may be given. The patient should be kept in the horizontal position, and be given cold or ice cold water to relieve his insatiable thirst. Without doubt some die from uræmia, therefore the free action of the skin should be favored by hot applications, and by placing the patient in a bath a few degrees above blood heat—which is very comforting—or by the use of the vapor bath. The reactionary stage is to be treated—if it occurs—on general principles.

WANTED: ECLECTIC PHYSICIANS IN MASSACHUSETTS.

"THERE is a great demand for eclectic physicians in this state, and any such live energetic men desiring to come to our state can find good locations and plenty to do. Also any eclectic who is a first-class practical surgeon wishing to locate here, will be helped to business by every eclectic in the state. For further information apply to Dr. S. B. Munn, Waterbury, Conn. Other eclectic journals please copy."—*Eclectic Medical Journal.*

Dr. Miller, in the *Therapeutic Gazette*, answers many inquiries received as to the prospect for locations in Kansas and adjoining states. He says: "Kansas is abundantly supplied with as able and intelligent physicians as can be found anywhere. I do not know a city, town, village, or hamlet, within the state that has not as much medical assistance as it can possibly use in any conceivable emergency. As a profession, we are over crowded, and hopelessly and helplessly overdone. The liberal advertisement the West has received, has brought within her borders a majority of recent graduates, together with a vast number of dissatisfied older practitioners from the East. Those who come with money to invest, eventually do well, but nine out of ten who came without such means are in serious straits today. There are better openings today in the East than are to be found anywhere in the West. I know a prosperous town of 3000 in Pennsylvania containing but three practicing physicians, and across a stream a town half as large with but one. Such a town in the West would have a mayor, city marshal, city fire department, two daily papers, etc., etc., and be burdened with from twelve to twenty physicians, half a dozen midwives, as many trained nurses, and all in sharp competition with each other, and none earning more than a decent living, if actually that. This is the condition in Iowa, Dakota, Nebraska, Kansas and Colorado, and to those anxiously looking toward the West for locations I would say, be contented where you are, whatever your condition may be, and though your daily bread comes by slow degrees, the struggle will be just as prolonged and severe in the West, and will cost you more money and real suffering."

We have had it in mind for some time to call attention to the advantages which Massachusetts and other New England states offer as a field for educated eclectic physicians. Many of the avenues of commercial and professional life here have been over crowded, and young men perforce have turned to the West for openings. That this "plethoric" condition extends to the medical profession, is true in a measure. The ranks of the old school

are filled to repletion, are "hopelessly and helplessly over crowded," but for educated eclectic physicians there is a demand. It is a fact worthy of mention that there is scarcely a member of the Massachusetts Eclectic Medical Society who is ablebodied and has been in practice for any length of time who is not doing a fairly lucrative business, while a very large number are exceedingly busy and prosperous men. It has been a matter of surprise to us that young men after graduating at our western schools locate there, where longer drives, and harder work are necessitated, leaving unoccupied, openings everyway more desirable in the East. In this city there is room for a number of "men of our faith," to say nothing of a dozen or more thriving manufacturing towns and cities in this or adjoining states, where there is no eclectic, or where an eclectic physician of successful practice has died and his place remains unfilled. Observation has shown that in such locations eclectic practitioners have been especially successful, and in them eclecticism finds its strongholds. Indeed radical ideas and measures of reform generally, find their earliest recognition and heartiest support amid the larger populations. At the annual dinner at the last state meeting, Mayor Palmer said, "Boston welcomes, and that right cordially, anything that savors of progress or reform, be it never so radical. If worthy she gives it her hearty support." This is equally true of New England in general. There is also an earnest desire on the part of our best men to welcome to these fields men—of education and ability, and this leads us to say that the young men graduating from our colleges at Cincinnati, Chicago, St. Louis, and elsewhere, possessed even of limited means, who feel compelled to push out into new territory for locations and future homes, could in all probability establish themselves, both socially and professionally, in Massachusetts in less time, and with far less hardship. We would be glad if other eclectic journals would draw attention to this matter, and anyone desiring more definite information is referred to Dr. C. E. Miles, 126 Warren Street, or Dr. Milbrey Green, 2389 Washington Street, both of this city.

WINE WHEY IN DIARRHŒAL DIFFICULTIES.

The great prevalence of intestinal diseases of children during the summer months excites much discussion as to the better method of treating them. A question which is often of equal importance is, how shall we nourish the little sufferer? We know of nothing that will answer as well in many cases as wine whey, and by this we mean the watery material of milk which remains after the milk has been curdled by sherry wine. The

child is tormented with an insatiable thirst, and will eagerly take almost anything in the way of liquid. Give it small bits of ice, but no milk in its natural form. The feeble digestive organs will be unable to cope with the casein, and the child will surely be made worse. By the addition of sherry (or any acid) the casein will be coagulated, and removed in the curd, and the whey which will be left contains, beside the water, fully one-third of the albuminoids of the original milk. As it will also contain the greater part of the sherry, it should be diluted by putting two ounces or so in a tumbler which is then filled with ice, and of this the child can have an occasional taste as its thirst demands. This is perfectly unirritating, readily absorbed, extremely nourishing, and no curd can form.

PERSONALS, BRIEFS, ITEMS, ETC.

Prof. Dalton, author of Dalton's Physiology, has resigned from the Chair of Physiology in the College of Physicians and Surgeons, of New York.———*A German doctor* recommends bread made with sea water as a wonderful remedy against scrofula and disorders resulting from insufficient nourishment. To free it from impurities the water should stand twelve hours before being used. Bread thus made has no unpleasant taste.———*Dr. C. E. Miles, of this city*, who has suffered severely from a succession of carbuncles, has so far regained his health as to be able to resume practice.———*We recently received* a sample of *Beef Peptonoids*. This is the preparation that was used with such benefit in President Garfield's case. It comes from Messrs. Reed & Carnrick, well known as the manufacturers of Maltine and Lactopeptine, and like these two it is an elegant product of the pharmacy. We regard it as a valuable addition to our means for sustaining life.———*Dr. Milbrey Green* has removed his residence to 1 Columbus Square, adjoining 440 Columbus Avenue. He continues his office—Washington Street, corner of Dudley—as before.———*Indolent Ulcers* are said to be readily healed by sprinkling lactopeptine over them.———*Oil of Wintergreen* has been used in several hospitals, for acute rheumatism, with results superior, it is claimed, to those obtained from either salicylic acid or salicylate of soda. Five to ten drops are given four times a day in milk.———*Prof. Post, of New York*, has been requested to resign from the American Medical Association, because he has signed a paper stating that he is opposed to the old code. For years he has sustained the reputation of being one of the ablest surgeons in the country, as well as being a gentleman of extensive learning and the purest personal character. It is evident now, however, that he is not really a good man.———*As surgical instru-*

ment makers, Messrs. Codman & Shurtleff have no superiors. We have had frequent occasion to use their manufactures, and to commend them to others. Their work is done by skilled artisans, with the most perfect machinery, and all directed by enterprising and conscientious proprietors. We can especially commend their hypodermic syringes, clinical thermometers and pneumatic aspirators—essentials to the outfit of a practitioner. The fact that an instrument is made by Codman & Shurtleff is the *imprimatur* of its excellence.———*To elean catheters*, take a cork more conical than common, make a hole through it longitudinally, pass the catheter through the hole, fit the cork into the hot water faucet, and turn on the water.———*Prof. Monti recommends* a fresh solution of gutta-percha in chloroform—just enough of the latter to make the mixture fluid—for fissured nipples. It dries and forms a pellicle excluding the air and does not come off even after suckling.———*Bromide of Ammonia* is recommended for obesity. In small doses it absorbs fat and lessens the weight of the body with more certainty than any other remedy.———*A woman of seventy* recently died in Buda Pesth who had no spleen. The autopsy showed that it had not been absorbed from disease, but had never existed.

OBITUARY.

Dr. George Beard, who had gained a wide reputation as a physician, died at his residence in Natick, Mass., on Tuesday, August 14th, of Bright's disease. He was born in Lebanon, N. H., July 5, 1821, and began practice in Dover, N. H. He removed to Natick about thirty years ago, where he met with remarkable success in his practice. His fame as a physician soon spread to neighboring towns, and at the time of his death he had patients in nearly every town in the county, and was often summoned to other states. Dr. Beard was a highly esteemed member of the Massachusetts Eclectic Medical Society, and the oldest physician in Natick. He was a prominent Odd Fellow, a high Mason, a charter member of Natick Council Royal Arcanum, and President of the Natick Farmers' and Mechanics' Association. He leaves a widow and one son.

Prof. P. D. Yost.

We learn with the deepest regret of the death of P. D. Yost, M. D., Professor of Obstetrics and Diseases of Women and Children, in the American Medical College, St. Louis, which

occurred on the 16th ult. Professor Yost was suffering from an attack of typhlitis, and while delirious sprang from an upper window, fracturing his skull, death ensuing an hour later. To him more than any other one person perhaps is credit due, for much of the pleasure and success of the late meeting at Topeka. It was he who inaugurated the excursion to Baxter Springs, and completed the arrangements for it. He was an earnest, active studious man, an excellent physician, zealous for the cause of eclecticism, and a faithful friend. A friend writes, "I liked him exceediugly." Professor Yost was a prominent member of the State Board of Health, of Missouri. In his death the American Medical College sustains a serious loss, his associates lose a faithful and valued friend, and eclecticism a zealous follower.

BOOK NOTICES.

We make the following tardy acknowledgement of Books, Pamphlets, Journals and Announcements, received:

Alcohol as a Food, a Medicine, a Poison, and a Luxury, by George C. Pitzer, M. D. P. p. 35. Price, 25 Cents. St. Louis Commercial Printing Co.

This is a reprint from the electroplates of a forthcoming work on Direct Medication, by Prof. George C. Pitzer, of St. Louis. He first considers the physical properties of alcohol, then the method of production, and the various guises under which it exists. While admitting that it has its uses, he believes its claims to be regarded as a food or medicine are not well founded. Its power as a poison, however, rests on better ground. "It should," he says, "be known everywhere, that alcohol must be handled with great care. It is not, nor can it be, a substitute for food. But it is a poison greatly to be dreaded, and can be used as a medicine only in skilful hands, and then in many cases where it is still used, other drugs recently introduced are far more efficient and a great deal safer. It has no power to avert disease when taken as a beverage in health, but on the contrary renders people more liable to be attacked, and its continuance greatly reduces their endurance." The work is not of a sensational character, but it adds its weight to the side of temperance, and we commend it to those who are laboring to stem the tide of intemperance, as well as to the general reader.

The American Psychological Journal, issued by the National Association for the Protection of the Insane and Prevention of Insanity. Quarterly. Edited by Joseph Parish, M. D. P. Blakiston, Son & Co., publishers, Philadelphia. 1883.

This is a substantial journal of over 112 pages devoted to psychology, which is a subject too little understood by, or one that receives too little attention from, the general practitioner. To say that it is from P. Blakiston, Son & Co., is to say that the work is well done, and that the journal has come to remain.

THE POLYCLINIC: A MONTHLY JOURNAL OF MEDICINE AND SURGERY. Conducted by the Faculty of the Philadelphia Polyclinic and College for Graduates in Medicine. $1.00 per annum. Vol. 1, No. 1. P. Blakiston, Son & Co., Philadelphia.

In this the city of Brotherly Love has received an acquisition to its medical journals. We extend our best wishes to it, and add it to our exchanges.

CONTROL OF DEFECTIVE VISION ON LAND AND SEA. Reprint from *The Railway Gazette*. Willard A. Smith, publisher, Chicago.

That 3 or 4 per cent. of men are color blind, and that this proportion holds as good among railway or steamship employees, as among men in other departments of business, cannot be denied. Nor is it to be claimed that positions of trust—running trains and boats—requiring perfect vision and a good perception of color are to be assigned to those lacking on these points. Yet these admitted facts are practically disregarded by all but the best conducted lines in this country. That because no accident has occurred none will, is not a safe way of reasoning, and the matter is one which should receive legislative attention.

THE BIOGRAPHER: ILLUSTRATED. The initial number of this publication contains short sketches, in most instances accompanied by a picture, of eminent statesmen, jurists, clergymen, etc. We recognize the faces of Hon. W. E. Gladstone, Prime Minister of England, and to our way of thinking, one of the greatest living statesmen; Bismark, President Arthur, Dr. E. B. Foote, of New York, well known to many of our readers, our own "Ben.," and others. It is published at 23 Park Row, New York, at $2.50 a year, and bids fair to be an interesting addition to our periodical literature.

SIXTEENTH ANNUAL ANNOUNCEMENT of Bennett College of Eclectic Medicine and Surgery, Chicago, Ill. The Regular Term begins on Tuesday, September 26th. College and Hospital located at 511 and 513 State Street. We observe with satisfaction that the term of instruction extends over a period of six months, a feature which we commend to other eclectic colleges.

Twenty-Third Announcement of the Eclectic Medical College of the City of New York. Session commences October 1st, 1 Livingston Place, New York City.

Third Annual Announcement of the Eclectic Medical College of Maine. Opens October 23d, Lewiston, Me.

Closing Exercises of the Practitioners' Course of Lectures, in the Hahnemann Medical College and Hospital, Chicago, Ill. Spring of 1883.

Fourth Annual Announcement of the College of Physicians and Surgeons, Boston.

First Annual Announcement of Florida University. Medical Department Tallahassee College of Medicine and Surgery.

Hot Water in Synovitis.—Dr. J. D. Thomas, reports good from the following procedure in synovitis. He procures two large flat sponges, sufficiently large to envelop the joint; these are washed clean, in order to remove any sand or calcareous matter contained in them, then squeezed dry and applied to the swollen joint, and over this a roller bandage is applied as firm as was possible to apply it, the bandage covering the sponges perfectly, and then hot water applied until the sponges are saturated; this hot water application should be practised every two hours. He cites several cases as evidence of the value of this treatment.

ANTISEPTICS IN THE PUERPERA.

We have for some time past given our preference almost exclusively to Listerine as an antiseptic in the puerpera. We think it has *real* advantages over any other, while it certainly is much more acceptable to the patient. The objects to be attained in the use of vaginal washes after confinement are, first, to secure cleanliness, second, to arrest and prevent putrefaction, and last, but by no means least, to promote *early*, healthy action in the lacerated soft part—channels through which septic matter may be absorbed. The importance of this early reparative action cannot be overestimated, as it is a well-known fact that with the healing process once begun, septic virus is repelled, in lieu of being absorbed, as is the case before healing begins or when the abraded surfaces have taken on unhealthy action. We had long employed the carbolic acid for the purposes above enumerated, but observing disagreeable constitutional influences from its use, we selected the Listerine, which has proven a powerful non-toxic antiseptic, promptly promoting the reparative process, and substituting an agreeable perfume for a noxious odor.—*Prof. F. L. Sim, M. D., Memphis College Hospital, in Mississippi Valley Monthly.*

MISCELLANY.

A Novel Method of Removing a Foreign Body from the Œsophagus.—Dr. Neuman was called to see a horse which was choking; the animal had been eating carrots. Dr. Neuman was unable to reach the foreign body with his hand. The horse's mouth was then opened, and held open by a mouth speculum. Then a common water hose, which was at hand, was passed through the speculum down the œsophagus until the foreign body was reached. The water was turned on full force, and the obstruction disappeared.—*Journal of Comp. Medicine.*

A Three-Barrelled Penis.—Dr. Luxardo describes a rare anomaly of the penis which he observed in a young man under treatment for gonorrhœa. The meatus presented three openings, which corresponded to as many distinct urethral canals. The upper one gave passage exclusively to seminal fluid, the lower one to urine. The middle tube appeared to communicate with the lower one. The gonorrhœa affected only the two inferior canals.—*L' Union Medicale*, No. 54, 1883.

Alimentation of Infants affected with Thrush.—When new-born children, affected with thrush, refuse to take the breast or the bottle, Dr. Wiederhofer (*Journal de Medecine de Bordeaux*, June 10, 1883) advises the pouring of milk by means of a funnel through the nasal fossæ. This mode of alimentation is not difficult. When the milk enters the pharynx it provokes reflex movements of deglutition and is propelled into the stomach. The author has been enabled by this means to nourish infants for three and four weeks in succession. The same procedure is useful in children born before term, in whom there are no spontaneous movements of deglutition.

Another Use for Carbolic Acid.—Some people suffer the most intense pain and annoyance from ingrowing toe nails. If the flesh has fully embedded the edges of the nail, and the tissue has become hypertrophied about it, cutting and paring seems but to aggravate the matter. When this is the case drop a very little pure carbolic acid along the borders of the inflamed tissue, and let it soak down beneath the nail. The pain will cease as if by magic, and the irritated flesh will soon make a healthy slough. If now the nail be scraped or filed very thin in the centre only, and from that back to its root, carefully leaving the edges alone, the growth will be directed toward the middle and a complete cure will result.—*Independent Practitioner.*

Away with the Spoon.—A contemporary proposes to get rid of the use of "spoonfuls" as doses by the following expedient: "Let each bottle (vial) be provided with a strip of paper pasted on, which strip is accurately divided with as many lines (marks) as the bottle contains doses to be taken, the lines to be numbered, beginning with the topmost, and let the directions read: Take one eighth (fourth, twelfth, etc.) part, etc., as the direction shall run, or, perhaps better, take one division, etc. The strip to reach from the bottom of the bottle (vial) to the top of the liquid, not farther."

Epilepsy caused by Intestinal Worms.—The following case is reported by Dr. Windelschmidt in the *Allgem. Med. Central-Zeitung* of June 9, 1883. A woman, forty years of age, had suffered for six years from convulsions, epileptic in character, which were steadily increasing in frequency, until finally the attacks appeared every evening as soon as she lay down lasting several hours and returning again toward morning. Upon questioning it was ascertained that she was troubled with large numbers of ascarides in the rectum and vagina. Vaginal and rectal injections of a bichloride of mercury solution were ordered, and in five days the attacks had wholly ceased. They returned once again upon the re-appearance of the worms, but ceased after a few injections, and have never since troubled her.

Grubs in the Intestines.—No insect, properly so-called, has ever been proved to take up a permanent abode in the human alimentary canal. Their presence, when they were found, was accidental, as when swallowed on a piece of meat upon which the eggs had been deposited. But occasionally larvæ may give trouble, Dr. Wacker (*Med. and Surg. Reporter*) has published the case of a boy, aged twenty-one, with colicky pains, fulness of epigastrium, constipation, and frequent fits of nausea and tendency to syncope, especially when in a close atmosphere, such as that of his cottage or a stable. Dr. Wacker prescribed some Hunyadi Janos water, to be taken every morning on an empty stomach. On the third day a vast mass (over two litres) of larvæ, partly alive and partly dead, was passed from the rectum. The patient at once recovered, feeling no more unpleasant symptoms, even when in a hot room. On examination, the grubs were found to be larvæ of a common dipterous insect, *anthemyia cuniculinæ*, closely allied to the house-fly and blue-bottle fly.

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ORIGINAL COMMUNICATIONS.

THE REMOVAL OF SCARS.

BY DAVID WARK, M. D., NEW YORK.

IT is a fact not generally known, even among surgeons, that the cicatrices resulting from wounds, ulcers, burns and scalds can be removed and the deformity they often cause, to a very large extent, remedied by very simple treatment. When the whole thickness of the skin has been destroyed the cicatricial tissue with which the healing process fills up the gap never perfectly acquires the structure of the uninjured integument. Hairs never grow on scars, nor are sweat or other glands ever developed therein, yet wonderful improvement can be readily attained by the following measures, if applied perseveringly, in restoring the texture, color, flexibility and elasticity of the cicatricial tissue composing even the most extensive scars.

Better results are obtained in less time if the treatment be commenced shortly after the healing process has been completed; but old and indurated scars are quite amenable to faithful work.

The nutrition of the tissue composing scars, particularly those resulting from the healing of deep and extensive wounds, is always much less active than that of uninjured tissues. For this reason large cicatrices may remain closed for years, but often open spontaneously if the bearer happen to fall into bad health.

The defective nutrition and unnatural color of scars, which is

usually either abnormally white or a color compounded of red, blue, and purple, are caused largely by inadequate blood circulation.

The contractility which often continues to increase in cicatrices for months after the healing process has been completed, causing notable and progressive deformity, is due to the slow development in their texture of yellow elastic tissue.

Pressure and friction applied as directed exert a direct and powerful influence in stimulating the blood circulation, improving the nutrition of scars, and ultimately effect their removal altogether.

An intelligent adult can successfully treat a scar of small or moderate size on his own person, but if the cicatrix be large or on a child the treatment should be applied by another person who is acquainted with the proper manipulations.

The treatment may be conducted as follows: Place the ends of two or three fingers on a scar if it be a small one, and on the margin if it be large, and vibrate the surface on the tissues beneath. The surface itself is not to be subjected to any friction; all the motion must be between the integument and the deeper parts. The location of the vibratile motion should be changed every ten or fifteen seconds until the whole scar has been treated, if it be of moderate size. If the scar be the result of a large scald or burn, the margins only should be treated at first; advances toward the centre should be deferred until the nutrition of the margins have been decidedly improved. Only a little treatment should be applied to any one spot at the same time, but the vibrations should be repeated as many as twenty times a day, but never with sufficient frequency or severity to cause pain. If the scar becomes irritable suspend treatment until it subsides.

In the course of two or three weeks of faithful treatment the surfaces of scars of moderate size become more movable and will begin to form wrinkles like true skin when pressed from side to side.

Those cicatrices covered by a dead white or discolored, smooth glazed membrane acquire a more natural hue and texture. The anchorage that often binds deep scars more or less firmly to the

bone beneath will begin to yield and the whole structure become softer although previously quite hard.

In severe cases the treatment must be continued for several months before a cure can be obtained, but it is not long before sufficient improvement is secured to encourage the patient to persevere.

All these changes are due to improved nutrition consequent on better blood circulation. The treatment here advocated not only fills more fully the blood vessels already existing, but it has the surprising effect of leading to the development of entirely new sets of blood vessels in the cicatricial tissue.

When the limbs or features are distorted by the contractile power of large scars, the use of splints for the purpose of gently stretching the skin can be advantageously combined with the measures here recommended. Contracted limbs can be straightened and restored to usefulness by the combined treatment.

9 East Twelfth Street.

AGGRESSIVE POINTS IN ECLECTICISM.

BY C. E. MILES, M. D., BOSTON HIGHLANDS.

Braggart assertions and acrimonious discussions never give dignity to any cause, nor secure for it candid consideration, and they cannot further the interests of any worthy undertaking. But a clear and judicious presentation of the essential principles of a legitimate movement, and a patient, considerate, and heroic, persistence in maintaining its rights and interests, must ultimately redound to its permanent good.

As a system of medicine it is quite possible that the eclectic has done its full share of work in presenting to public view the errors of old-time medicine, as such, and the tendency of its devotees to arrogate to themselves the honor of being the sole source from which true medical advancement has or can come, and the bold and unrighteous claims they have invariably made for all the honors, privileges and perquisites that government or society have had to bestow on those pursuing the healing art. Nor has the eclectic school failed, on occasion, to advocate its superior methods of cure, and the means by which they are accomplished.

These things may have been very well cared for in the past, but the paramount thought now is, has the eclectic profession done, and is it now doing, that specific work for itself, and the community, in certain directions, that is worth doing; that it ought to do, and that it must do, if it is to make that name for itself, and become that power for good to mankind that it ought?

The question arises, is eclecticism in medicine as taught in the eclectic schools of this country, and as believed and practiced by the eclectic profession, an entity? And, again, if it be so, in what does it consist?

In the early history of eclecticism its principles were clearly enunciated, and at a later period they were briefly formulated substantially as follows:—

Prop. I.—In the human system there exist two antagonistic forces, the vital and the chemical; the vital building up the organism from the molecule to its completion, preserving the normal conditions and functions of the economy. The chemical is the source of disintegration, waste and decay, which, pursued to its ultimate, is death.

Prop. II.—Health consists in a perfect equilibrium of the vital and chemical forces. Disease exists when there is any departure from this normal condition, *and is a manifestation of impaired vitality*.

Prop. III.—The treatment of disease consists in aiding nature in resisting any impairment of vitality, and in giving her support while struggling under its iufluence, and assisting her in restoring a normal condition of the functions and structures of the system. And the agents selected to accomplish these results should be, as far as possible, such as are capable of being digested, absorbed and appropriated to certain tissues of the system, and finally eliminated from it as are the various acticles of diet.

The teachings of Beach, Jones, Morrow, Sherwood and the Newtons formerly, and of King, Howe, Scudder, Jay, Clark, Wilder, Gunn, Pitzer, Younkin, and scores of others of to-day, are based essentially on the above propositions, and are not an hurly-burly of words tossed on the air, as each may have his peculiar notion, without foundation in principle, and with no unity of ideas except as the word eclectic unites them.

That the medical world and the intelligent public have more or less caught the spirit of these propositions is evident; but that they are the fruit of eclecticism in medicine, and need its fostering care and promulgation, is equally as evident to us; that numbers in the profession ignorantly believe, and a vastly larger number of the laity still retain the notion, that the term "eclectic," as applied to a system of medicine, simply means to "doctor either way," or, what is about as indefinite, "to choose the best out of all," must be a fact known and regretted by our profession.

Herein, then, it seems to us, is the first aggressive point in eclecticism in medicine, viz., the proper and persistent presentation to the world of the fundamental principles on which it is based, and a thorough and steadfast adherence to its name and principles as long as they stand for fundamental truths. Through the National and State organizations, the fact of the existence of the eclectic system of medicine is fully established. Through the colleges in the north, east, south and west, and through the standard and periodical literature of the system, powerful and certain means for its advocacy are at command, and the earnest, intelligent, and successful practitioner is an aggressive force wherever he is located. Furthermore it can only come of our own inefficiency or pusillanimity if the cause of eclectic medicine is not understood and made a power for good in the world. But more anon.

126 Warren Street.

INSANITY.

BY J. ATWOOD TABOR, M. D., LAWRENCE, MASS.

Not until the present century have we classified insanity as a disease to be treated in a rational way. In olden times, it was supposed to be due to diabolical presence, and the insane were handed over to the ecclesiastics when showing signs of being affected. Harsh treatment was shown in the famous Bedlum Asylum, also in France; the first humane treatment, of these unfortunates, was during the French Revolution by Penell, who experimented by kindness and was successful. Insanity is generally regarded, as signifying that a person is of unsound mind, but that expression covers many cases of persons not insane; the

term is comparative, there is no fixed standard. Insanity is not a disease of the mind alone, but of the body also, and primarily a disease of the brain. A diseased mind is *wickedness*—a diseased brain is *insanity*. A diseased brain prevents a proper manifestation of mental processes, the brain substance is then diseased; it is a peculiar kind of disease; not all diseases of the brain are insanity, but only those which cause changes in the mental manifestations.

If from some cause, the brain cells become destroyed, or diseased, and prevent proper relations between the mind, and outer world—that constitutes insanity.

Many authors give different deffinitions to this term: "It is a disease of the brain, producing, without external adequate cause, a more or less prolonged departure from the methods of feeling, thought, or action, peculiar to the individual in health, each individual being taken as his own standard in health." In order to understand the subject better let us consider the different parts and functions of the brain substance, as a knowledge of these is essential, in order to know the lesions in insanity. The cortical substance is made up of little cells spread all over the substance of the brain; internal to this is the white matter, nerve fibres; and still more internal are the great nerve ganglia, the optic thalamus, and the corpus striatum, which are the passage ways through which all sensation from the outer world must reach the cortex of the brain; there are estimated to be about twenty-five millions of cells in the cortical substance; the most superficial are small and of peculiar shape; deeper the cells are larger, and change shape. In the spinal cord, the same order exists, larger cells being in the anterior gray columns, which are devoted to motion, and small cells in the posterior columns, which are devoted to sensation. The small cells in the brain, are devoted to the intellectual faculties, the deeper and larger cells to motor influences. The corpus striatum is made up of large cells, the optic thalamus of small cells.

All impressions have some centre to which they are transmitted, there they undergo a change, and are transmitted through little cells, and become registered as ideas; every time an idea is formed the little cells undergo a change in form. An idea then

is a physical fact, and the more ideas we have, the better shape has the brain. In the external part of the brain where these small cells are, is where thought takes place, and every time an impression is brought to the brain, and an idea formed, there is a trembling of the cells. We learn the convolutions of the brain, and the different functions seated in each convolution; we learn the different parts of the brain and their arterial supply. We know that altered nutrition and deviations from pure blood alter very much the function of the brain. After eating hearty food the character of the dreams and thoughts differ from those following a lighter diet; after studying constantly, the thoughts go on automatically, and sometimes unduly; there is increased stimulation which stirs up ideas. In infants the substance of the brain is soft, and brain cells are small; there is simply a capacity for development—something of which mind, and ideas may be formed; as is the mind, so is the shape, number, and texture of the brain cells.

The first false belief a person has is a delusion, that is, a false idea; it has nothing to do with the senses, it is merely a mental untruth. The next false belief is an illusion,—the senses are deceived—then an hallucination, which is a lie altogether. These can be illustrated in a case of delirium tremens; the patient goes home, and tries to open the door with a knife which he mistakes for a key, this is an illusion; he goes out and sees things which are not there—as snakes, etc., this is an hallucinatiou. He has an idea that he is not intoxicated, and that is a delusion. In the insane case there are times when the person is entirely free from these errors,—so far as outward manifestations are concerned, this is called the "lucid interval," which is more likely to occur when the disease is functional, as when due to hyperæmia, etc. We must recognize the lucid interval, in order to diagnose properly, and it is also important in point of law. A person may have illusions, delusions and hallucinations, but not necessarily be insane; epileptics are very liable to have hallucinations. Again, persons may be insane and have no delusions, or hallucinations. Insanity may be marked simply by perversions of previous feelings; intellectually speaking he may be perfectly sane, this latter would be moral insanity. Older writers ascribe

insanity more to moral causes, while recent writers ascribe it more to physical causes, but in the larger number of cases the cause is unknown. The greatest of all causes is doubtless heredity. In Guiteau's case, there was much contention as to whether insanity was hereditary; many experts declared that it was not, while others of equal repute advocated the opposite theory. In one sense it is not hereditary, while in another it is. In a strictly scientific sense it is not transmitted, but as the brain and its appendages are transmitted together with their strength, weaknesses, tendencies to crookedness, and want of balance, so is insanity in this sense transmitted. The parent gives birth to the brain in which all the cells, into which ideas are to come, are diseased, these are transmitted as are other deformities of the body. Insanity may skip one generation, or it may show in collateral branches, while direct links are wanting. Certain members of a family go insane in old age, those who die young showing no such tendency. It is not necessary, to establish insanity, that a parent should have been insane—they may have had epilepsy, hysteria, etc. In some generations it shows itself as hysteria in women, and epilepsy and chorea in men, thus indicating neurotic tendencies. Another great cause of insanity is education and civilization. Civilization increases the tendency to nervous disease; we educate the brain in certain parts, at the expense of other parts. A person cannot be insane in regard to things on which he cannot form ideas. Insane beliefs therefore are inclined by, and tinctured with, the ideas and thoughts of the present. At the present day money is the chief object of pursuit. Insanity is more frequent in the cities, where the struggle for existence is more severe, and all "cranks" flock to the cities.

Another prolific cause of insanity is consanguinity. Marriage between relations leads to insanity; transmission of both mental and physical faculties, both by mother and father produces either (exceptionally) brilliant offspring, or a tendency in them to increased development of wrong, or twisted elements. The next or second generation are apt to have weak minds, or to be more nervous than ordinary. Another predisposing cause is excessive indulgence in alcoholics in parents, being especially marked when the parents are intoxicated at short intervals, either

at the time of conception or during gestation. Frequent alcoholic indulgences of the mother during gestation, show markedly in the child, and especially so, if at the time of conception.

Another cause which is little recognized is difficult parturition. The frequent use of forceps may so effect the skull by compression, etc., that the cells and fibres in the brain do not undergo the usual changes, and are not susceptible to impressions; but prolonged, and difficult labor is still worse, and may lead to convulsions, and later insanity, or deformities in the head, the two sides not being uniformly developed. Intemperance seems to be a great cause, or, is it an effect? Just which it is, is difficult to determine. Among other causes are loss of sleep, self abuse, and influence of sex, each sex being predisposed to its own forms of insanity. Among moral causes are grief, shock, mental exertion, etc., all of which may affect the brain, as we know they exercise a great influence over the various functions of the body. The mental element is always an important one in dyspepsia, and there are physical changes in the heart due to emotion. Indulgence in anger induces enlargement of the liver, and in diseases of the liver there is frequently melancholia.

Insanity, as a rule, does not break out suddenly, either the victims are excited, depressed, destructful, or have some violent shock. There is a stage of incubation (inflammation), but it is not generally noticed. The first marked symptom is headache—of different forms, and sleeplessness, results of excitability of the brain cells, and increased flow of blood. Such patients frequently go a week at a time without sleep, then they may fall into a deep sleep, and the friends think they are better, but such is not the case. Then comes the intermediate stage; the patient has odd freaks, which excite suspicion, getting up in the night—reading, eating and performing various unnatural things. Bad dreams in persons not accustomed to dreaming, show that the brain cells are in an unhealthy condition. There may be disturbances of speech, or an over exaltation of the brain and mind, —wild for motion, or melancholia from depression. Past events may be easily remembered, while recent ones make no impression on the brain. The unfortunate person is often confident that his friends do not care for him, and is very unhappy. These

thoughts further on becomes real delusions. Again such patients often think they have been poisoned, and that everyone is trying to get rid of them, and they may even commit suicide in self-defence. When the attacks are fully developed, the marked symptom, is the difficulty in attracting the attention of the patient; this is found in all forms of mania, from the simplest to the greatest exaltation; they are so absorbed with their own thoughts that it is impossible to catch their attention. In the depressed condition, or melancholia, the patient cannot be drawn from their own thoughts, they are so wrapped up in themselves; finally the memory becomes entirely destroyed, and they are not aware of their own existence. They get strange ideas in their head,—will not eat because the deity forbids, or because they do not deserve food, and unless taken care of and fed, may die of starvation. These attacks of melancholia are fatal, more so than mania. Cases of insanity may recover, but of those who seemingly get well, the greater number have another attack and die insane. Young persons who recover, are liable to have another attack at the climacteric. There are certain years in the passage from adult life to old age in both sexes, which are precarious. As a rule, 90 per cent. of cases of puerperal insanity recover. The general paralysis of the insane is progressive, and never recovers. Other things being equal, attacks of mania are more liable to recover than attacks of melancholia. In all forms there are paroxysms and remissions.

The different forms of mental disturbances are differently classified, according to the part of the brain in which the lesion is situated, or the time of life at which they occur. All cases where there is an over-excitable condition come under the head of mania. Where the characteristic symptom is depression, they are classed under the head of melancholia. Where there is congenital deficiency they belong under the head of idiocy or imbecility. More than deficiency, total absence, is dementia. Mental trouble, accompanied by physical (paretic) symptoms, is general paralysis of the insane.

The treatment of mania, which may be divided into general or partial, sub-acute or chronic, intellectual, emotional, or moral, can only be outlined here. The physician himself must have control of the case. There should not be too many attendants, and members of the family should be excluded, as they generally

have less control than strangers. In some cases a dark room will be more suitable. When extremely violent it will be necessary to apply the "straight jacket," which can be made of bed-ticking, lacing behind, with endless sleeves, the ends of the sleeves being brought behind and fastened. If it is necessary to cord them to the bed, bands of good stout cloth should be used. Many have the idea that insane people are stronger than others. This is not so; they only use all their strength, to their own detriment, and without regard to results. Good nourishing food is of great importance, and to "starve them to make them weak," is both unwise and inhuman. In long continued work, the brain cells are continually in motion, and they attract a certain amount of blood which serves as nourishment; when ischæmia results, or deficient supply, the cells are incapable of motion, as the brain does not have food enough, so the brain cells become weak, and the patient instead of taking interest in anything becomes languid, and absorbed in himself, and the victim of melancholia. In this class of cases there are strange delusions, and watch should be kept over them, else they may commit suicide; there is not so much danger of their hurting others as in mania, but they are prone to think their friends want to get rid of them, and that everybody is plotting against them; and in their despondency they destroy themselves.

Moral insanity is wickedness—strictly speaking. A man cannot be insane on only one single point; if he is diseased on one point, he is diseased on all. The causes of partial insanity, as it is called, are chiefly moral, but depend on a physical basis. Certain parts of the brain preside over the desire to acquire. All to some extent have the desire to take things that do not belong to them; this in excess is kleptomania. If we give way to this tendency to acquire too much, we are exercising and developing this part of the brain, at the expense of the others. A certain amount of acquirement is laudable, but it must be held in check. If the desire be gratified too much, the controlling power is lost, and insanity in that faculty is the result. Kleptomaniacs are generally women, of a markedly nervous temperament, there is an unequal development of the brain, and a lack of co-ordination. A distinction between this and wickedness is—one is disease, and the other wickedness. Monomania is a misleading term, better to call it *instinctive insanity*; insanity of the will or desires.

When the child is born it has only the framework for future mind: it receives moral and physical tendencies from its parents; the body or material part comes from the mother; the more interior and less material parts come from the father; the two unite

to make the ground work on which the mind develops. The child receives nothing fixed, only the tendencies, which become educated, and brought out in the children. Much can be done in the education of children, to fix, and bring out the moral tendencies acquired from the parents, or to thwart evil tendencies, and eliminate any tendency to moral insanity.

I have laid much stress on the cells of the brain, but there is another element which is implicated in the "general paralysis of the insane." There is a connective membrane forming a floor for the substance of the brain, the basement cement, or neurolgia, which becomes thickened and sclerotic; this sclerosis comes on gradually, is progressive, and leads to a fatal termination. We should not treat insanity as a whole, but pick out the symptoms, and select the remedies. As guardians of public health we must work toward a prevention of this gigantic evil. It is important to have children brought into the world under as healthful conditions as possible. People of nervous temperament must be guarded in marrying others of the same temperament! Warn the parents as to improper brain work; wives worry, and work all day, and sew all night, when this is done, the children cannot have strong, healthy brains. Men in city life, are given up to business in the eager pursuit of money, not taking time to eat or sleep; women are slaves to dress, fashion and society. Excesses of all kinds while child-bearing, produces exhaustion, physical weakness, and immoral tendencies, and are fruitful causes of insanity; the fraud in the relation of husband and wife as they exist at the present time is another cause.

If the parents live a life of wickedness, there is a physical consequence which they must suffer. If a child be begotten under these conditions, on the part of both parents, they will be impressed thereby. During the period of intra-uterine life, the child is exposed to all the emotions which pass over the mother's life; and the child inherits the feelings, and tendencies, and brain from the father. It is a great wonder that there are not more insane than there are. Finally the prevailing custom of confining young children in the vitiated air of a schoolroom, and urging them to their utmost ability before the brain is fit for hard study, and permitting the reading of trashy books which work upon and unduly excite the emotions, are powerful means of harm. Those that are restricted, and learn to live a moral life, are not so liable to insanity as those neglected in these respects. The responsibility of this teaching rests on the physician, as the parents do not know, and therefore do not heed the danger.

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.
(American and Foreign.)

ACADEMY OF MEDICINE.

Dr. Whittaker called attention to the obstinacy of chronic dysentery to treatment. Mr. Ward, of London, said that those cases that lasted longest, and finally got well, had least to do with therapeutics. The speaker had recently at the Good Samaritan Hospital, a case of dysentery with fifteen to twenty discharges in the twenty-four hours. When the patient was first seen she had been in the hands of several physicians, and her case seemed hopeless. He gave her large doses of ipecac, thirty grains every four hours, in the begining. The second dose controlled the discharges, but after the third or fourth powder they again became very bad. He then thought of trying irrigation of the bowel with a solution of nitrate of silver, after the method recommended by H. C. Wood, one and a half drachms to three pints of water. This was carefully injected and the effect was very marked, the patient having but one stool in twenty-four hours. The collapse disappeared, but the next day the dysentery returned. He then gave two or three doses of opium to the patient to stimulate the brain, but it seemed to give her great discomfort. The second day the dysentery returned, when he again repeated the injection, but instead of nitrate of silver he used a solution of alum, one drachm to the pint of water, injecting in as large a quantity as possible, which in this case was three pints. The discharge then ceased, and since then the patient has entirely recovered.

This irrigation method is nothing new in the treatment of dysentery. Sydenham treated his patients by drenching them with water both by mouth and rectum. Aretaus spoke also of washing out the bowel, although neither of the old writers mentioned astringents.

Stephen McKenzie, of London, has recently advocated irrigation in this way, showing that no force was necessary, all that was needed being simply to pour in the water from a funnel and tube. It is a very great question if the action of the astringent has so much to do with the case as the flushing out of the detritus and poisonous germ. The failure of the ipecac in this instance shook the speaker's faith in this remedy though he had seen chronic cases cured by ipecac in two days. He was under the impression that it would relieve almost any case except where there is an hepatic abscess. This was the second case where ipecac failed in his practice. The best results have usually come from the recent or acute cases.

DISCUSSION.

Dr. Ransohoff suggested that the mere distension of the bowel with water, independent of the astringent, might so paralyze the gut as to overcome the dysentery.

Dr. Davy considered the treatment quite rational. He had seen but little success from the use of ipecac. He had considerable experience in the treatment of dysentery by flushing out the bowel, not however with injections, but by the internal administration of large doses of sulphate of magnesia or castor oil, thus washing out everything that is irritating. The speaker did not consider parasites or germs the cause of chronic dysentery. Consequently we had to look more to general than local treatment. The mere distension of the bowel would not paralyze its action, but simply obliterate its folds so that the material injected plays upon all parts of the mucous membrane. He had used small injections of tannin and other astringents but relied especially upon first cleaning out the bowels and then giving slight injections or an opiate.

Dr. Connor thought that this injection treatment might not prove so satisfactory in warmer climates. In 1863 and '64 he saw many cases of dysentery in the army. It was then supposed that the men could only get well by being sent to a higher latitude. On examination the bowel was entirely ulcerated in these cases, scarcely one inch remaining free. Sometimes the mucous membrane was stripped off. As the disease is different in its results in warmer climates this treatment would not be so serviceable as in our own or a more northern latitude.

Dr. Jones said that for the last five or six years it had been his practice to drench the bowels thoroughly with water, both warm and cold, combined with other treatment. For this purpose he had used alum, tannin, nitrate of silver, etc., and was of the opinion that in the majority of instances if used along with proper internal medication many so-called incurable cases would be cured. He gave generally very copious injections, from five to ten pints at a time and let the patient throw this off at once. After a rest of three or four hours another injection is given with astringents. Besides this he gave tablespoonful doses of castor oil with a teaspoonful of turpentine. In the majority of cases large injections must be given.

Dr. Young said that the extent of ulceration did not always portend the gravity of the case. Sometimes patients die with but little ulceration. For instance at the Cincinnati Hospital was a case in which the speaker thought surely to be a stricture of the rectum and, from the amount of discharge, extensive ulceration. The patient died from some intercurrent affection and to every-

body's surprise the post-mortem examination showed no stricture and but slight abrasion of the bowel. Where there are slight ulcerations irrigation may be useful, but whilst the symptoms are still acute they are more apt to be aggravated than improved by injections. The speaker remembered the late Dr. M. B. Wright stating in a lecture many years ago that his treatment for dysentery consisted in an injection of morphia in a small quantity of fluid, followed by a large dose of the compound jalap powder, to be repeated, if necessary. When the speaker entered the service he adopted this treatment until the Surgeon-General prohibited the use of calomel, when simply the sulphate of magnesia was substituted. From this treatment there never resulted the chronic form. Other surgeons gave opiates with serious results. In Savannah, soldiers came back dying of dysentery in the ambulances; they had all been treated with opium. Post mortem examinations were made in many of these cases and drawings taken, which the speaker still had in his possession. These illustrations showed the frightful condition of the intestines in many cases. Sometimes three or four inches of intestine were in a highly congested condition, contained a gelatinous fluid with shreds as found in the stools and by severe straining the mucous coat would be thrown off. He himself had an attack of dysentery about one year ago. At first he took opium which gave him but partial relief. He then took eight grains of calomel with one ounce of bitartrate of potash, which caused several operations of the bowels in a few hours, and then he was relieved. He was therefore inclined to believe in Dr. Wright's theory that the large doses of calomel and jalap reduced the congestion of the lower part of the bowel which caused the disease. Ipecac had always failed in his hands. Ruschenberger recommended sulphate of zinc. The speaker also used it with success formerly but in the service he never obtained relief. As for the germ theory, he did not believe in it, especially in the acute form of the disease, but admitted that it might be the cause of the chronic forms. Acute cases usually result from exposure to cold, especially at the change of season. For this reason it occurred mostly in September in the army when the men did not keep themselves properly covered during the night. Young soldiers, unused to hardships of outdoor life, suffered most frequently.

Dr. Reamy doubted not that the injection treatment was not only rational theoretically but eminently successful clinically. The local action of remedies is too well recognized to be questioned. But besides this he must testify to the inestimable value of large doses of saline cathartics in sporadic cases. As much as quinine is a specific in malaria large doses of sulphate of mag-

nesia, from one ounce to one ounce and a half, combined with fifty to sixty drops of the aromatic sulphuric acid and forty to fifty drops of the tincture of opium in a single dose will will prove a specific in sporadic dysentery. To allay pain this is to be followed with opium. He had tried this plan so often that he was positive of the relation between this treatment and its result. In country districts dysentery is more apt to be epidemic than in cities. While practicing in the country he passed through many epidemics of dysentery and found his cases got well by the above treatment.

The soothing effect of warm water injections in inflamed condition of the bowels is certainly true; still more so in the chronic form. The use of nitrate of silver in injections for chronic dysentery was recommended to the speaker many years ago. In several cases it acted like magic, in others it seemed to aggravate the disease. The influence of nitrate of silver in controlling inflammation when the mucous membrane of submucous tissue is involved is unequalled by any other remedy. Its marvelous action on the uterine cervix, where all other treatment has proved of no avail, was no doubt the cause of the perpetuation of its use in other parts. When an inflammation of the cervix has resisted other remedies one or two applications will effect a cure. Here we see its influence in healing the milder forms. The same is true of the rectum and other mucous membranes, whether germs are present or not. As regards the action of the injection of alum in dysentery, the speaker could not express an opinion as he had no experience with it in this manner. Ipecac is of great service in certain cases. The speaker recently saw a case of chronic dysenty which had lasted two or three years, the condition of the bowels alternating between diarrhœa and constipation.

The patient came into his hands during the absence of her family physician. He cured her in less than a week by giving her three doses of ipecac of fifty grains each. She vomited for half a day, one powder in twenty minutes, the others in one hour and a half. From the second dose she vomited violently, and for a long time. She also sweated profusely. The prostration is no contraindication, except in very much debilitated subjects, as it is only apparent, unlike the real depressieg effect of tartar emetic. Patients will rally from it in a short time.

Dr. Whittaker stated in conclusion that the suggestion had been made that the distension of the bowel might as much have caused the beneficial result as the flushing out. As the bowels are frequently very much distended with gas where the disease is very severe, certainly the mechanical dilatation does not

amount to anything. It is no longer tenable to exclude micro-organisms as a cause, because of chronicity of an affection, as the greater forms of life, like trichinæ, have been found in the tissues after twenty years. Dysentery is a disease which constipates the bowels, the scybala acting as irritants, hence it requires laxatives, not astringents, in its treatment. The truth is the internal use of astringents is contraindicated in every stage.

One of the gentlemen thought that the injection might be more efficacious in our latitude than in warmer climes. The speaker would remark that it was just in a warm climate, the East Indies, where the irrigation treatment was used with such success. Its failure in many cases may be due to the fact that the method was not carried out properly; the fluid must be allowed to run in so as to completely inundate the bowel. The large bowel in a full grown male will hold six imperial pints.

Another member thought the disease might be due to exposure to cold. That theory may hold good in some cases, but the prevalence of the disease also in hot weather will not refer every case to this cause. Cold weather often puts a stop to epidemics of this disease. The contagiousness of the disease is also pretty generally accepted. Formerly the explanation of a *locus minoris resistentiae* was deemed sufficient to account for the cause of this, as of any disease after exposure but the direct explanation has been afforded by the experiments of Pasteur with the attenuated virus of fowl cholera that a reduction of temperature will permit the growth of micro-organism that would not grow without it.

As the disease is simply local and not constitutional, the secret of its treatment lies in topical measures, just as we treat any other local disease. It is necessary with the irrigation treatment that the quantity of fluid be large. Some agents are used with the water, not wholly without danger from being absorbed and setting up unpleasant constitutional results. Thus carbolic acid may prove dangerous from the absorption of the poison from the vast denuded surface of the intestine. So also unpleasant results may follow the use of nitrate of silver—argyrosis—so that a solution of common salt should be at hand to follow it. In the case reported the disease yielded so immediately to the alum irrigation that no matter what theory was propounded, the relation between cause and effect was clearly shown.

BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

The society reassembled after the summer vacation, on the evening of the 11th ult., a fair number being in attendance. A brief report of the special meeting held at Ocean Spray, was read, together with reports of committees as to arrangements,—

entertainment, etc.—perfected for the coming twelvemonth, after which Prof. Alexander Wilder, of New York, addressed the meeting on the subject of Medical Education. He announced himself as distinctly in favor of a high standard, and lamented the seeming difficulty, if not impossibility, of establishing such a standard, owing to the fact that while a few colleges seemed honestly trying to elevate the standard, others of equal influence and respectability (?) which clamour loudly for a "higher standard," have requirements in keeping, but they exist only on paper. He saw little prospect of any permanent advancement in this direction so long as medical schools were organized simply to give notoriety to would-be professors, and colleges conducted in the interest of dollars and cents.

Dr. A. W. Forbush then presented a paper on

HEADACHE.

Scarcely any other malady is so frequent, occasions such continued misery to the patient, or annoyance, or disgust with his powers of diagnosis and the action of remedies, to the physician as this. Judging however, from the limited information on the subject among medical men, it would seem to be a trivial matter, and one to be left to domestic practice or patent nostrums. A careful study of the condition, and causes, which are various and not always apparent, will enable us to relieve in nearly all cases and to cure in many. The most frequent form, he believed, was due to determination of blood from excitement, severe or unwonted exercise, solar exposure, or arrested secretions. Of the headache arising from disturbed viscera, deficient action of the kidneys, and gastric disturbance claimed first attention. Anæmia is a prolific cause of headache, and it also occurs, sympathetic, as it were, with other diseases, e. g., departures from health of some part of the genital system. Very obstinate headache is often caused by constipation, while the vitiated air of living or sleeping rooms, stands as a cause for other cases. Sick headache, like other affections of the nervous system, is due to debility or exhaustion. Purgation will have no good effect. Wilks, of London, regards the bromide of potassium as the one remedy which is of great service. The essayist believed that the potassium salt often did harm in cases of nervous exhaustion. When he used a bromide he preferred that of ammonium. Pulsatilla, and nitrate of amyl are often of undoubted service. His experience was, that the liquor ammoniæ acetatis, one to two teaspoonfuls every hour, was practically a specific for sick headache. To ward off an attack, there was nothing better than neutralizing cordial. In the neuralgic form a most generous diet should be

ordered, and the advice so frequently given the victims of neuralgia—to be very cautious as to diet—was bad, since they were practically starved and the disease thereby aggravated.

Dr. Miles remarked that the subject was an important one, certainly one all met frequently enough, and failed to relieve often enough, simple as the malady seemed. Attention should first be given to ascertaining the pathological condition, for, obviously, a remedy that might be of great efficacy in one condition, might be without effect in another. The popular impression of sick headache seemed to be that it originated in a failure of digestion. Doubtless this was often true, but it was not always the case, and he thought it well to ascertain whether the gastric symptoms—nausea, vomiting, etc.,—came before the cephalalgia, or vice versa, the pain coming first and inducing the other. Nausea was relieved by stomachics, and acidity by alkalies. In cases attended with a feeling of distension—"a plug in the stomach"—nux would produce a very pleasing effect. If the face was flushed and the eyes suffused he would think of the bromides or ergot. It was wonderful what gelsemium would do in some of the so-called cases of hyperæmia. He thought that the man who should add definite information as to either the prevention or permanent relief of this troublesome malady would confer great good upon his fellows, and render important service to physicians.

Dr. Reid alluded to headache as a hydra-headed monster which often faces us. It is a frequent attendant upon cerebral lesions, but is far more commonly due to affections of remote organs, as the stomach, or to neuralgia, rheumatism or other conditions. Hughlings Jackson remarks that frontal headache is generally referible to abdominal affections, headache at the vertex to cerebral disturbances, and occipital pains to disorders of the circulation, and more especially anæmia. The pressure of an unyielding hat on the frontal branches of the fifth pair, may induce a pain most accurately resembling migraine. It is at once cured, however, by removal of the hat. Allusion had been made to the action of gelsemium in hyperæmia, it would often produce most striking and satisfactory results in neuralgia of the fifth, which was often complained of as headache. A single full dose would seem to dissect out the nerve and dispel the pain. Headache, neuralgic in character, was a frequent, and often obstinate form, in such cases the gelsemium was well worthy a trial. Neuralgia was often defined by the earlier writers as "a prayer of the nerves for healthy blood," they evidently regarding anæmia as the cause, as it often is, so in neuralgic headache, agents addressed to the underlying anæmia rather than anti-neu-

ralgic remedies are found serviceable, for often no permanent good will be attained until the anæmia which is at the foundation is removed. He cited several cases which had defied treatment at the hands of several physicians, but had yielded to chalybeates, though the usual evidences of anæmia were not marked. In the treatment of "sick headache" during an attack,—or for that matter obstinate vomiting under any circumstances—he had found bismuth, with $\frac{1}{32}$ to $\frac{1}{16}$ of morphia, every twenty minutes very effective treatment, often no more than a single dose, or at most two or three, being required.

Dr. Spencer remarked that the essayist had presented a very complete description of headache, and what is known concerning it. He thought, however, that we possessed comparatively little definite knowledge about the affection. As confirming this view he pointed to the long and ever increasing list of remedies recommended, and the loose and indefinite way in which they are prescribed, first one being tried and then another. Reference had been made to the use of gelsemium in certain forms of cephalalgia. He found minute doses of morphia—very minute—a great addition to it. He discovered the greatly increased power and utility of this combination over either agent alone, in a case of urinary calculus, in an opium habitul. That anæmia was a cause of headache he believed, probably hyperæmia was also, but our means of diagnosing the latter condition were very vague and unsatisfactory—unless he excepted the opthalmoscope, in the use of which, however, he was not very successful—and therefore our treatment of headache, due to that condition, must be largely speculative. In reply to an inquiry as to the proportion of morphia used with the gelsemium, he said he had no fixed rule, but the quantity was very small, so small indeed that no appreciable effect would be felt from the morphia alone. He then read a humorous report of the special meeting at Point of Pines, at which he acted as secretary protem. He also repeated formulæ recommended at that meeting to which he also lent his recommendation.

SELECTIONS.

PREDETERMINATION OF SEX.

Grieshiem, Pfluger and Dr. G. Born have recently put themselves to immense labor and care in artificially impregnating frog spawn by applying to it the seamen of frogs in full rut, etc., under a great variety of circumstances, to discover if the sex can be predetermined. Their experiments proved nothing in favor

of predetermination so far as they could see. If they had applied the frog spern to the eggs while they were quite recently developed, they might have possibly proved that a great proportion of them developed into males, and *vice versa* if they had applied the sperm to very mature ova they might have possibly proved that a great proportion of them developed into females. However, unconsciously to themselves, they did produce a shade of argument in favor of my theories, viz: those eggs which they artificially inpregnated with frog sperm became mostly females, while the sexes were about equal of those frogs which were generated in the natural way without interference; and the shade of argument is this, that probably in their interference they selected very mature eggs, and thus they mostly developed into females; while when left to themselves the males would be very sure not to neglect the females in the begining of rut, and thus a larger number of new ova were impregnated and consequently a larger number of males were produced; somewhat on the principle that when a bull herds with a flock of cows a greater number of male calves are produced than when he is kept in confinement and the cows are frequently brought to him when they are far advanced in heat.

I was the first to publish that the impregnation of new ova produced males and the impregnation of old ova produced females; but thirteen years after this, as related by Napley, certain men experimented to prove that the new ova when impregnated became females and the old ova became males, thus reversing the order I had taught. I do not care which they undertake to prove, providing they give the true facts in the case.

More recently a German physician has advanced the theory that the sex may be controlled at will by observing the time of fecundation. He asserts that when fecundation occurs shortly after menstruation, the result will be a female; but if impregnation occurs later in the month, and prior to three or four days preceding the next menstrual period, a male will almost certainly be produced. This theory was proposed by Prof. Thury, of the Academy of Geneva, who claims to have thoroughly tested it in a great variety of ways, and always with an affirmative result. Dr. Heitzman, of New York, an instructor in pathological histology and an eminent physiologist, informs us that he has thoroughly tested this theory, and finds it to be reliable. There are numerous facts which seem to corroborate the truth of this theory, and future investigations may give to it the dignity of an established physiological fact.—Dr. Hubbard *in Peoria Med. Monthly*.

FIRST COITUS ATTENDED BY EXTENSIVE LACERATION OF THE WALLS OF THE VAGINA, AND FOLLOWED BY PROFUSE HÆMORRHAGE.

Dr. Munde reports this instructive case in the *New York Med. Jour.*, August 25, 1883: He was called to see a girl, twenty-two years of age, whom he found pallid and anæmic from the loss of blood. She was married the night before, and but a single connection had taken place. It was not attended by severe pain nor by immediate hæmorrhage, but some hours afterward she observed bleeding from the vagina, and sent for a physician, who gave ergot, but without benefit. He made no examination. Then another physician put ice into the vagina, but also without stopping the hæmorrhage. Dr. Munde examined the hymen for the source of the bleeding, but found that it came from a point higher up. Introducing a Sim's speculum, the vagina was seen to be ruptured on the right side for a distance of about two inches and a half, extending from one inch above the intestines up into the right fornix. The uterus was retroverted. He assumed that there was a disproportion between the male and the female organ. The bleeding was checked by firm tamponade with cotton. Two years ago he had attended a case of profuse hæmorrhage from rupture of the hymen up into the vagina along the urethra during the first coitus, in which the tamponade also was required to check the bleeding.

FOOD IN OBSTETRIC AND GYNECOLOGICAL PRACTICE.

This is the title of an address by Dr. Graily Hewitt at the opening of the section of Obstetric Medicine at the late meeting of the British Medical Association.

The author's well-known ability, and the novelty of what he had to say, render his address worthy of wide publicity.

To summarize, Dr. Hewitt considers that insufficient diet, particularly a deficiency of meat, has much to do with the diseases of women. He says:

"With very few exceptions, and those exceptions only tending to prove the rule, it is, I hold, impossible to find patients suffering from chronic uterine disease, who have not undergone, at some former period, what may be termed a starvation process; and carefully inquiry generally elicits the fact that the quantitative deficiency in the diet extended over a considerable period. In many cases, the patients are found to be still under the influence

of a deficiency in this direction, and to be 'eating,' as the expression is, 'next to nothing.'

"The period of life during which quantitative deficiencies in the dietary are most common, is the two or three years immediately following the arrival of puberty. The girl is at school probably, her appetite is bad, or the food is not palatable, or is deficient in important particulars, or, as I have found in some cases, she eats little in order to keep thin; the strength fails, the appetite diminishes, and a habit of taking little is formed—particularly little animal food is taken. Three or four years of the most critical stages of life are thus passed, a time at which the body should be growing fast, and to maintain this growth in adequate vigor, large supplies of nutritious material are required; instead of which, the supply is far below the normal standard. The result is a general impairment of vigor and of vital action. On the generative organs, the effect is, as I have observed in numbers of cases, most decidedly injurious; and the effect, in most instances, is of this kind, that the tissues of the uterus lose their normal firm, healthy consistence. The further result is, that the pelvic organs, as a whole, but particularly the uterus, undergo a subsidence in the pelvis; the uterus becomes liable to change of shape and other alterations, more or less marked, in different cases. Slight exertions, slight accidents, or even moderate exercise, are, under these circumstances, liable to act most prejudicially on the softened and weakened contents of the pelvis.

"This is a faithful description of what I have observed to occur in very many cases. I refrain from pursuing the further history of patients so affected, as not falling within the scope of these remarks.

"There are few observations bearing on the subject now under discussion which can be quoted from published works. Professor Voit (*Untersuchung der Kost*, Munich, 1877,) mentions an interesting fact. In a public institution, a home for girls, on which he reports, the diet included an average quantity of 170 grains of nitrogen only; the girls appeared healthy, but their muscles were found to be weak, and menstruation was found to be delayed in many cases until the sixteenth or seventeenth year.

"We all know that health and a good appetite usually go together. But it seems to be too frequently the case that, when the appetite is absent, such absence is taken as a matter of course, and receives no notice. It results from what has been stated, that absence of appetite may lead to most serious results. It is not immediately dangerous, but it is the first step possibly in the downward course. A continuously bad appetite constitutes a grave condition, and should be seriously regarded.

"If it be a rigorously-proved fact that the human body is dependent for its existence, in a state of vigor, on an adequate and regular supply of food, it behooves us to take all possible opportunities of enforcing this great principle; and in making it known as a great and universally applicable measure and precaution in the prevention of disease."—*Med. and Surg. Reporter.*

CACTUS GRANDIFLORUS IN SEXUAL EXHAUSTION.

Dr. Pitzer (American Medical Journal) says that while other remedies are required to effect a permanent cure, nothing will give more speedy relief in this condition than cactus grandiflorus. It immediately strengthens the cardiac plexus of the sympathetic and improves cardiac nutrition of the heart. The pulse becomes regular. The expression is hopeful, and past sufferings seem to have been only dreams. It may be said that these symptoms are all secondary, and that cures cannot result from drugs prescribed at these. This is true, but no drug, no matter how effective in healing the original disease, can possibly effect its purpose so certainly and so speedily while the patient is laboring under the terrible nervous symptoms above narrated, which so quickly pass away under the influence of cactus. The primary disease has sometimes, to a great extent, disappeared, but continued long enough to excite the cardiac neuroses referred to. This secondary lesion has existed so long that it does not readily pass away, though the original disease be gone. Here the cactus is not only indirectly curative, but it cures in fact. In all these cases:

℞.—Tinct. cactus grand., ʒ j.
Aquæ, ʒ iv.

M. Sig. One teaspoonful four times a day. In some cases it is combined with pulsatilla, in others macrotys.—*Gaillard's Medical Journal, July 1883.*

TREATMENT OF ENLARGED PROSTATE.

Dr. William S. Savory thus writes in the *Lancet*, March 3, 1883:

When complete retention of urine from enlarged prostate occurs, it frequently happens that the introduction of an instrument is followed by temporary return of power to micturate; and in other cases of partial retention it is well known that the occasional passage of an instrument will for a while restore the ability to empty the bladder almost completely without help. The cause of the difficulty being a mechanical one, I suppose there can be little doubt that the introduction of an instrument does good in

this way by pressing aside that portion of the enlarged prostate which is most immediately concerned in producing the obstruction. Now, much more good in this direction, and good, to, which will last much longer, is often gained by retaining a catheter for some time after it has been introduced—say for one or two hours or so, as the patient may be able to bear it without distress. This plan is well worth trying in most cases of the kind. When an instrument has been passed, whatever difficulty there may have been in its introduction has been overcome, and the patient is subjected to little or no additional trouble by its retention for a short period. I may add that for this purpose a silver catheter appears to me to be of more service than a flexible one. It will be observed that this plan of repeatedly retaining an instrument for an hour or so after it has been passed, is quite distinct in principle and purpose from the practice which has been advised, and is sometimes adopted, in cases of complete retention, or of very frequent micturition, or where there is unusual difficulty in the introduction of an instrument, of retaining it for many hours or even days together. The object here is either to escape a difficulty which may become insuperable, or to avoid the necessity of passing an instrument so frequently as to make this a source of grave irritation and further mischief. Here, unfortunately, the proposed remedy is often worse than the evil. The plan now advocated has been suggested with the view of taking advantage of the passage of a catheter, when it is required to relieve the bladder, to retain it for its effect upon the prostatic portion of the urethra; for the good it does in this way of restoring or improving the power of micturition, or possibly by pressure promoting in some degree absortion. In speaking on this subject, I would add that in my experience, as in that of others, in cases even where the prostate is considerably enlarged, it is often easier to introduce a catheter with an ordinary curve than the instrument which is espcially made for cases of this description. Surgeons know very well that sometimes when a prostatic catheter cannot be easily passed, an instrument with a much smaller curve will easily slip in. I fancy that the advantage on the side of the smaller instrument is more common than it is generally supposed to be. With me, at least, it is the rule; and so, to relieve the bladder in cases of enlarged prostate, I should take first an instrument of full size with an ordinary curve, or a curve not exceeding the quadrant of a circle of two inches or so in diameter.

POP-CORN FOR THE VOMITING OF PREGNANCY.

Apropos of an article which originally appeared in our pages, Dr. H. V. Sweringen thus writes to the *Obstet. Gaz.*, Aug., 1883:

"Six or eight months ago or more, I noticed in one of my journals, I cannot now remember which one, and I have not the time at present to look it up, a short article by some physician whose name I also fail to recall, recommending ordinary pop-corn as an efficient remedy in the vomiting of pregnancy. If I had not seen it under the circumstances I will presently relate, I would undoubtedly have given it but a passing notice, inasmuch as it did not strike me favorably at first sight.

"If its worthy advocate had fixed it up in some kind of 'scientific' shape, or infused into it a little Latin, as, for instance, 'cornum explosivum' or 'cornum poppum' or poppum cornum,' it might have attracted my attention under *any* circumstances, but bare 'pop-corn,' simple, harmless, innocent '*pop-corn*' as a high-toned therapeutical remedy among high-toned, scientific physicians was too much, 'too utterly too too' for a physician of my cloth and attainments.

"But seriously, it proved to be a God-send to me and my patient (more particularly the latter), having had at the very moment one of the most intractable cases probably that ever occurred. I had exhausted the usual remedies employed in this distressing ailment, and was about to cauterize or do something to the os uteri when my eyes accidentally fell upon the above named remedy. To make a long story short, it acted *marvelously*, not only in the case referred to, but in three subsequent cases; in fact, in *every* case in which I have prescribed it."

RECOVERY AFTER THE PASSAGE OF A RAMROD THROUGH THE BRAIN.

Dr. G. Fisher reports an instance of recovery after severe injury to the brain, which recalls the well-known case of Dr. Harlow, of Vermont, in which a tamping-iron was forced through the head by a premature explosion. In this case, an iron ramrod was discharged during the loading of a gun. It enntered the back to the right of the fourth dorsal vertebra, passed upward along the ribs, and through the muscles of the neck, and forced a passage through the skull and the brain, projecting out nearly twelve inches from the left side of the head. An incision was made in the neck, and the ramrod was forced back by a hammer and extracted through the wound thus made. The patient recovered, but lost sight in the right eye. A ramrod being propelled in the same direction through a dead body, it was found that in its course through the neck, no important nerves or vessels were injured. The instrument passed through the right optic foramen, tore the optic nerve, and passed through the fissure

between the frontal lobes. The destruction of brain-substance in this region was only a little over an inch in extent, and was confined to the anterior portion of the left frontal convolution. According to our present knowledge, such an injury should cause no motor or sensory disturbances. The author apprehended the appearance in time of insanity as the result of the accident.—*Centralbl. fur Klin. Med.*, August 18. 1883.

KERN'S CATAPLASMATA IN THE TREATMENT OF LYMPHO-SARCOMATA.

In an article published in the "The Record" last spring we mentioned some facts regarding the efficacy of Kern's poultices in lympho-sarcomatar We have since had many inquiries regarding the matter, and therefore take pleasure in presenting the substance of a lecture upon this subject delivered by Professor Busch, of Bonn. Professor Busch recounts the failures which he had experienced in treating malignant sarcomata with the knife, by electrolysis, and by injections of various kinds. He had learned to recognize the value of Kern's cataplasms when a young physician in the military hospitals, where he had often seen obstinate buboes melt away under their use. These cataplasms are composed of one part mustard-flour to five parts of black soap, the whole being enclosed in a gauze bag, and applied daily over the tumor for four or five hours or longer. A very intense irritation, amounting almost to an erysipelas, is produced. The sarcomatous tumors, if fresh, soften and disappear. The results of this treatment are best shown by giving the history of a case of progressive lympho-sarcoma as described by Professor Busch:

"The patient, a very powerfully built man of thirty-five, had noticed in the begining of July a hard swelling beneath the left angle of the lower jaw. He used water applications, presuming it to be a tonsillitis. But as the tumor grew he sought medical advice, and at first inunctions of mercurial ointment, linseed poultices, arnica, and poppy-seed were applied. On August 13th I was called in to examine the patient and was frightened to see the appearance of the man, who two months prior had been in the best of health. An immovable tumor extended from the middle line of the neck to the vertebral column, from the inferior maxillary borne to the internal half of the clavicle. The larynx was pushed to one side of the middle line and the sternal extremity only of the sternocleido-mastoid muscles were discernible. The pulsations of the carotid could not be perceived at its proper place, as it was surrounded on its whole course. The pains of the occipital

region and vertex, so characteristic in these tumors, were felt by the patient. They were occasioned by the great stretching of the posterior auricular and occipital magnus nerves. The voice had become somewhat hoarser, as the result of pressure upon the pneumogastric or recurrent nerve. With these symptoms, and in the presence of the very rapid growth of the tumor, I could only express my opinion that in all probability the patient's life would be terminated within a few weeks. If I advised any remedy it would be the poultices of Kern. Possibly they would not benefit a great deal in this case, and should this be the case in a few days they would be discontinued. Next day I took my vacation-trip and left the patient in charge of Dr. S——, who relates to me the succeeding events. The patient endured the poultice (one to five) very well, so that (instead of having it applied, like the other patients, for four to five hours) he let it remain upon the tumor for twelve hours. In the evening the cauterized region was covered with vaseline and cotton and morphine given internally. Already on August 27th, fourteen days later, an evident diminution of the tumor and greater mobility was ascertained. The cataplasmata were continued for four weeks and iodide of potassium (5 to 200) given per os. After the tumor had completely disappeared, small quantities of iodoform were brushed upon it. I saw the patient, whom I did not suppose to be still among the living, on October 3rd, cured."

Professor Busch is inclined to attribute the powerful action of this remedy to the erysipelatous irritation produced by it. Professor Binz, to whom he communicated this view, thought that the oil of mustard, penetrating the softened skin, might also be a factor, at any event, the result appears as undeniable as it is extraordinary. It is not likely that all cases even of fresh tumors would have so happy a termination. It is not stated whether the tumor returned.

SLIGHTLY PREMATURE.

The Chicago police have certainly not been carefully instructed in the signs and tokens of death, as the following incident will show: A man named Lewis Lacy entered a street-car in that city a few days since in a drunken condition and refused to pay his fare. The conductor threw him off the platform, and seeing he did not move, told the driver to whip up, and the car rattled away and the conductor escaped. The police patrol was called, the body was put in a wagon, taken to the morgue, and placed on ice, while a large force of police were sent in search of the fleeing conductor. After being a short time on ice the body began to show signs of life, and in the course of half an hour

Lacy was able to walk to the police-station. An examination showed he was not seriously hurt, and that his state of temporary coma was due wholly to liquor.

EPISTAXIS ARRESTED BY HOT-WATER DOUCHE

Dr. J. H. Stuart, of Minneapolis, sends us a report of the following case: "On July 14th last I was called to see a laboring man, about thirty years of age, who had been bleeding at the nose for nearly twenty-four hours. The epistaxis seemed to have been caused by sitting in a draught of air, in the evening, with a portion of his clothing left off, which produced a stuffiness in the nares. Various remedies had been used, but with no relief, and the loss of blood was sufficient to produce a very perceptible impression on his pulse, accompanied by a feeling of faintness. Having determined to try the value of hot water I took with me an apparatus for douching the nose, and having procured a pitcher of warm water (not as hot as I desired) I passed it in a continuous stream through the nares. The hemorrhage seemed to be checked for a while at least, but soon the bleeding side was filled by a clot, and again it showed itself both posteriorly and anteriorly. I procured another pitcher of water as hot as I thought could be borne and douched the nose as before. I continued the douche until the water escaping was almost free from any stain of blood—using perhaps a gallon. After this there was no bleeding, not even the formation of a clot in the nostril; but the patient, breathing freely through both sides, went to bed about 10 p. m. and slept till morning without any return of hemorrhage whatever. It is true I endeavored after each douching to throw a solution of tannin into the posterior nares, but I attributed little or no benefit to this procedure."—*Medical Record.*

MARRIAGE IN NEUROTIC SUBJECTS.

In a paper, by Dr. G. H. Savage, in the *Journal of Mental Science* for April, 1883, the following is found:

"To sum up the whole matter, one would say that marriage would relieve a certain number of hysterical cases, and that is justifiable in a certain number of cases who have suffered from insanity. I should never advise marriage as a cure for hysteria, without warning the friends that it might or might not be beneficial, and that the good depends not only on the marriage, but on so many other circumstances. I should not oppose every marriage of those who had been insane, providing only one of the contracting parties had been so, and the other was of good physical health and not of nervous disposition."

EXCESSIVE SWEATING OF HANDS.

For this annoying condition, Dr. F. H. Alderson says in the *Lancet*, July 28, 1883:

"The patient should soak her hands night and morning in warm water, in which should be dissolved about two drachms or half an ounce of the chloride of ammonium, and about twice as much carbonate of soda (crystals), enough water to be used to well cover the hands. I generally prescribe for my patients sufficient for six applications; and as skins vary in tenderness, tell them to use as much as will temporarily to a slight extent cause the wrinkling known as cutis anserina, a condition which I describe to them as looking like the hands of a washerwoman. After well bathing, the hands are to be well rubbed with the following embrocation: Tincture of iodine one drachm, compound camphor liniment and glycerine of each a drachm and a half, and compound liniment of balladonna one ounce. (If for the hands, a drachm of eau de Cologne makes the embrocation more agreeable.) The embrocation to be applied twice a day. A cure quickly follows. This treatment is equally appropriate and successful for excessive sweating and even bad-smelling feet, for that odor is due to the excessive function of the sudoriparous glands."

THE TREATMENT OF DELIRIUM TREMENS.

Dr. Atkinson discusses this subject in a recent number of the *Practitioner*. He insists that, in spite of all that has been written on it, there has not been proper stress laid upon the necessity of supplying the system with adequate nourishment. Certainly, in the second stage, when the appetite is bad and the blood corpuscles deficient in quantity and shrivelled, and the brain anæmic and starved, it is useless to expect relief from sedatives unless the brain is at the same time supplied with the requisite nourishment. While death may occur in delirium tremens from want of sleep, it must be remembered that want of sleep is caused by want of nourishment. A very important part of treatment, therefore, must be to improve the quality of the blood as quickly as possible by throwing into the system frequent supplies of light, nourishing and easily digestible food. The best way to do this is to cut off all stimulants, and to order a true essence of beef and half a pint of milk to be taken alternately every two hours. Twenty-five grains of chloral, with three minims of the compound tincture of cardamoms in a glass of water, taken every four hours, will be found most useful. Very little effect is, however, produced by the first dose of chloral, inasmuch as the brain

is without the nourishment it requires; but after the second dose the food begins to tell. Some sleep, generally speaking, results, and this goes on increasing in proportion as the support is maintained. If nourishment is withheld, sleep disappears and the delirium returns.

These suggestions by Dr. Atkinson are, without doubt, very valuable. Under the old treatment of delirium tremens by means of opium, many deaths were unquestionably attributed to the disease which should have been properly charged to the remedy which was given for its relief. The necessity of nourishment is paramount, but it is necessary in the choice of the nutriment to be certain that the paradox of a food which is not a nutriment be avoided. In order to avoid this the administration of beef tea must be guarded against. Beef tea is not a nutriment, the nutritious principle of the beef having been removed during the process of its preparation. We have in desiccated defibrinated bullock's blood an article which fulfils all the indications of a true food, and we would suggest its administration under the conditions of depravity of the blood referred to, as occurring in delirium tremens, by Dr. Atkinson.

AGARIC IN THE NIGHT SWEATS OF PHTHISIS.

Agaric is a fungus of the larch, known in botany as agaricus laricis, boretus laricis and the polyporous officinalis. It is not a new remedy, or even new in this application of it, but is rather a resurrected remedy, having been in use in the treatment of disease over a century ago. It at one time enjoyed very considerable reputation in the treatment of this affection. We, however, now know that as far as relieving the pathological condition of this disease is concerned, it is useless. The night sweats of phthisis are, however, a very distressing symptom, and the agent which shall effectually relieve this is a desideratum in the treatment of these cases. It is true, we have a number of remedies which are tolerably efficient, such as atropia, picrotoxin, pilocarpine, Dover's powder, etc., but occasionally a case will be met in which, through some idiosyncrasy, one or all of these may prove ineffective. The addition therefore of agaric to the list of anti-diaphoretics will be welcomed. Agaric may be given in the form of a tincture of the powder of the strength of 10 grains to the drachm, but the active principle, agaricin, is that which seems to have been most largely employed by recent experimenters. This is given hypodermically in 1-12 of a grain doses. The conclusions from the tests which have been made of it are that night sweating becomes lessened proportionally to the amount of

the drug administered, and if sufficient doses be given it becomes effectually checked or prevented. It is equally effective in diaphoresis not dependent on phthisis. In the quickness of its action it resembles atropine. It produces also sound sleep, and relieves troublesome cough, thus making it peculiarly valuable in phthisis.

THE TREATMENT OF NON-SPECIFIC ULCERS OF THE LEG.

Dr. Smith Baker thus writes about it in the *Medical Record*, August 4, 1883:

"Hence what can be better for local treatment than to order the surface cleansed thoroughly at bedtime with a weak solution of potassium permanganate, also in the morning with a medium solution of potassium chlorate, and after having covered it lightly with absorbent cotton to have drawn over all a *well and snug-fitting* elastic stocking, with instructions to go about the usual labor, using the limb freely but not senselessly? At any rate, in nine-tenths of cases, this, according to my recent experience, seems to be all-sufficient; while in the other one-tenth a few days rest and preliminary treatment with the same lotions and a pure-rubber bandage seems to be equally necessary."

GALLIUM APARINE IN CANCER.

Referring to the use of this drug, Dr. Charles Boyce writes to the *British Medical Journal*, July 7, 1883:

"The following are the directions given for its employment by a gentleman in Hertfordshire, to a poor woman suffering from cancer. The bowels having been previously cleared by aperient medicine, and the patient enjoined to live upon the most simple diet, five ounces of the juice of the plant, obtained by pounding and squeezing, are to be taken twice daily; at the same time, an ointment of the juice is to be applied to the cancerous ulcer, laying bruised clivers over it, and keeping them constantly applied and renewed. The amendment is very gradual, so that steady perseverance in the use of both internal and external means is necessary. According to one account, in three months, the wound had healed perfectly.

"Cliver, or gallium aparine, has also the reputation of reducing the size and diminishing the pain of cancer; the latter I have noticed in a marked degree in a case which I recently employed it locally; my patient, indeed, rebuked me for not telling her of it sooner. It certainly seems to have power in arresting the ulcerative action, and in promoting a more healthy one.

THE COUVREUSE, OR MECHANICAL NURSE.

The Lancet gives the following description of the ingenious contrivance known as the *couvreuse*, or artificial nurse. It was in 1878 that Dr. Tarnier, when visiting the apparatus devised by M. Odile Martin, for artificially hatching and rearing chickens at the Jardin d'Acclimatation, suggested that a similar method might be applied with advantage to infants, especially in cases of premature birth. Two years elapsed, however, before any attempt was made to carry out this proposal; but in the course of the year 1880 a *couvreuse* was made, and brought to the hospital of the Maternite. This is a plain wooden case or box, measuring about 2ft. 8 in. by 2ft. 4 in., and 2ft. 4 in. in height. The box has a double covering, the space between being filled with sawdust to retain the heat, and is divided into two parts. The lower half contains a reservoir, which holds about sixty litres of water, and is fed by a patent boiler that stands outside the box, and is warmed by an oil-lamp; or hot water may be used without recourse to the lamp. The upper portion of the box forms a warm chamber, where a little basket or cradle is placed, large enough to hold two infants. From an opening at the side, this cradle may be withdrawn, while the top of the box has a double glass covering, so that the children and the thermometer lying by their side can be constantly watched. If the water used in the first instance is cold, it takes a long time to attain the required temperature; but once this is done the lamp need only be relit three or four times during the course of the day. It is best to warm the apparatus while the infants are being fed or washed. The temperature within the *couvreuse* is generally maintained at 86° F., and though the contrast on withdrawing the child to be fed or washed is very great, amounting often to 30° F., colds are not so frequent as among the infants nursed in the ordinary manner. Altogether the experiment is considered so successful, that it is proposed to supply all the hospitals of France with a *couvreuse*, and there is every reason to anticipate good results from this measure. Nor is this all. A small portable *couvreuse* is now about to be tried, which could be carried by hand from house to house. After this we shall probably have perambulators constructed on the same model. Although no very careful experiments have been made with respect to the ventilation within the *couvreuse*, yet this is evidently sufficient. Apertures are made in the lower portion of the box, the fresh air travels over the hot-water reservoir, and is thus warmed before it reaches the child. The increased temperature within the *couvreuse* insures a constant current of air, though the child is protected by its cradle and clothes from any draught.

EXTRA-UTERINE PREGNANCY, WITH RETENTION OF THE FŒTUS FOR SEVEN YEARS.

A WOMAN, thirty years of age, during the second month of pregnancy, was suddenly siezed with violent pains in the lower part of the abdomen, followed by syncope, cold extremities, and vomiting. These symptoms indicated the commencement of a peritonitis, which lasted for three weeks. The pregnancy then proceded without any further accident. About two weeks before the expected time the pains of labor began, and recurred with regularity and increasing frequency. Even the os began to dilate. Suddenly, after three days, all the pains ceased, the os closed again, and the patient resumed her ordinary avocations. She experienced a little inconvenience at first from an abundant secretion of milk. Six weeks later menstruation was re-established, and for seven years the courses appeared with perfect regularity, and the woman enjoyed excellent health. At the end of this time another attack of peritonitis confined the patient to her bed for several weeks, during which illness she passed a quantity of hair mixed with the fæces. Five months later she began to pass little bones with her stools, and in the course of three months very nearly a complete fœtal skeleton was thus collected. The bones were perfectly clean of the soft parts. They were in a more advanced stage of ossification than is normal in a child at term. At the time that this case was reported to the Anatomical Society of Paris, by Dr. De Brun, the woman was in excellent health and still passing one or two perfectly formed bones with each stool.—*Le Progres Medical*, June 30, 1883.

PROLONGED SUSPENSION OF VITALITY FOLLOWING THE HYPODERMIC INJECTION OF MORPHIA AND ATROPIA.

DR. ALEXANDER reports the case of a woman, thirty-seven years of age, upon whom an operation had been performed for the removal of the left ovary. At noon, four days after the operation, she became very excited, and disturbed the dressings of the wound, so twelve minims of the hospital solution of morphia and atropine were injected. This represented three-fifths of a grain of morphia and one-fortieth of a grain of atropine. At one o'clock she became livid, and a nurse injected another five minims of the solution before the house-surgeon arrived. When he came he injected ammonia, gave brandy enemata, used artificial respiration, and applied electricity without effect. At

4 P. M., the nurse was laying the woman out, but Dr. Alexander came in and determined to proceed with artificial respiration, galvanism, and frictions. Up to 5.30 P. M., only a spasmodic breath every quarter of an hour, and a feeble beat of the pulse every now and then, could be detected. At 7 P. M., a nurse poured some coffee into the patient's mouth, and she suddenly fell back as if dead, but by turning her over on her side she was made to vomit. By nine o'clock the respirations were beginning to be more frequent and the pulse stronger; she soon became conscious after this, and recovered perfectly.—*Boston Medical and Surgical Journal.*

AN EASY METHOD OF POSTERIOR RHINOSCOPY.

THE importance of visual inspection of the naso-pharynx and posterior nares in all local diseases cannot be questioned. Ordinarily such examinations are attended with various difficulties. Dr. Walsham (*Lancet*, July 28, 1883) describes a simple method of overcoming these difficulties, admitting, however, that a somewhat similar procedure has for years been practised by some American specialists: A piece of soft red rubber tubing, about one-eighth of an inch in diameter, is introduced into one nostril, and pushed very gently along the floor of the nose till it presents just below the soft palate. It is then gently seized with a forceps, drawn out through the mouth, and loosely tied across the upper lip to the end protruding from the nose, the elastic tube being stretched just sufficiently to loop upward and forward the soft palate, and draw it well away from the posterior wall of the pharynx. The looping of the palate on one side is often sufficient; but a better view is obtained by passing a tube through the other nostril and looping up the soft palate of that side in the same way. The posterior nares and naso-pharynx can now be examined with the ordinary laryngoscopic mirror with the greatest facility. One hand only is required to hold and direct the mirror (the stem answering the purpose of a tongue-depressor), the other hand is consequently free to perform any manipulation or operation that may be required. The tubes serve as a good guide, as they can be followed in the mirror winding round the upper surface of the palate, and so into the respective choanæ. The introduction of the tube causes hardly any discomfort or annoyance to the patient. Care, however, should be taken in passing the tube to let it only just present below the soft palate, as otherwise, if it is pushed further, it may impinge upon the lower pharynx, and is then apt to produce a tickling sensation and desire to vomit. When the examination is finished, it is

better to withdraw the tube through the mouth rather than through the nose, and when the nasal end is just about to drop into the pharynx to give it a sharp whisk forward. If it is withdrawn through the nose, the mouth end trails along the tongue, causing a tickling of its posterior part. In place of the red rubber tubes, the American surgeons referred to use flat tapes or narrow bandages for tying up the palate. These have necessitated the use of various instruments for passing them, such as the Eustachian catheter, Bellocq's sound, etc. The advantages of the red rubber tubing are that it is soft, non-irritating, and possesses just sufficient resistance to enable it to be passed through the nose by itself, thus dispensing altogether with the use of an instrument, the passage of which, as for instance in plugging the nares, is, as is well known, a source of much discomfort and annoyance to the patient.

INFANTILE CONSTIPATION.

In connection with the means of overcoming this troublesome condition, that we have recently noticed, the following suggestions of Dr. M. C. Hatton (*Lancet*, July 14, 1883), may prove serviceable:

Take one quart of bran meal, tie it up in a pudding-bag so tight as to get a firm, solid mass, put it into a pot of water early in the morning, and let it boil till bed time; then take it out and let it dry. In the morning peel off from the snrface and throw away the thin rind of dough, and with a nutmeg grater grate down the dry hard mass into a powder. Of this, from one to three teaspoonfuls may be used, by first rubbing it into a paste with a little milk, then adding it to about a pint of milk, and, finally, bringing the whole to just the boiling point. It must be given through a nursing bottle.

TREATMENT OF PILES BY INJECTION.

Dr. J. G. Westmoorland contributes to the *Southern Medical Record* an article on the above subject, in which he expresses great confidence in the efficacy of injections of carbolic acid into the tumor. After an extensive experience in the treatment of piles by means of ointments, ligature and ecraseur, he has abandoned these and uow confines himself to carbolic acid injections. He claims to succeed by this method in less than a week, without pain to any great extent or confinement to bed, necessarily. He expresses surprise at the backwardness on the part of the profession in adopting these means of treatment. As compared with the ligature and excission by the ecraseur, he

declares the injections to be no more hazardous, infinitely less painful, and equally if not more certain of cure.

This rose-colored view of this latest method of treating piles will strike the majority of physicians who have subjected it to a trial as quite unwarranted. As far as our individual knowledge extends, those who have subjected it to the most thorough trial are those who now most roundly condemn it as a dangerous and painful operation, and one which should be discarded from legitimate surgery. In view of this fact, Dr. Westmoorland is certainly to be congratulated upon the success which has attended it in his hands, but we would admonish him not to be over-confident, but to be on the alert for accidents, which are very likely to happen, and which may be of such a nature as will somewhat modify his somewhat extravagant opinion of the operation as expressed in the article referred to.—*Therapeutic Gazette.*

EDITORIAL DEPARTMENT.

PROLONGED INTRA-UTERINE GESTATION.

At a recent meeting of the Obstetrical Society, Dr. Chamberlain stated that about three years ago he reported the case of a young healthy woman, whose menstrual interval was regularly twenty-eight days, who menstruated last on June 3rd, and was delivered on the sixth of the following May, making the duration of intra-utering gestation eleven months and three days. This patient was now pregnant with her fourth child, menstruation having ceased on the 23rd of May last, the duration of gestation having therefore already reached ten months minus three days. The occurrence of these circumstances twice in the same patient, he thought, established beyond doubt the fact that gestation sometimes continued beyond the ordinary term of nine months. He asked if it had ever been considered necessary to induce labor in these cases.

Dr. Foster remarked that if the opinion that labor should be induced had ever been entertained, he supposed it had been based on the supposition that the child continued to grow after the ninth month, and was therefore liable to give rise to difficulty at the time of labor. Dr. Rodenstein however had expressed the view, which appearances seemed to confirm, that the child having arrived at the degree of growth incident to term, did not continue to increase in size. He asked Dr. Chamberlain if, in his case, the first child was of unusual size. Dr. C—— replied that it was not, and that delivery was normal, labor being of only three

hours duration. The epidermis, the nails, and the powers of co-ordination at the time of birth, however, seemed like those of a child over a week old.

Dr. Clark referred to the case of a woman, married the second time, who had ceased to menstruate in November, spent the winter in Florida, returned May 1st, and in the following September consulted him, saying that she had felt signs of life on the fourteenth of that month, though she could not believe that she was pregnant. On examination Dr. C—— found her pregnant, and his opinion was confirmed by Dr. Skene, and a month later (October), by Dr. T. Gaillard Thomas, who stated that the size of the fœtal head and other signs pointed to pregnancy of full five months duration. She was delivered on the 19th of March of the following year, making the term of pregnancy ten months and a half. Dr. Thomas and others who examined the patient, had either mistaken a fœtus of three months for one of five months, or else, as Dr. Clark believed was true, the case was one of prolonged gestation.

Dr. Lee remarked that so many elements of uncertainty entered into nearly all cases, which had been reported as cases of prolonged gestation, that they fell far short of positively settling the question of dispute—namely, whether intra-uterine gestation ever continued beyond the normal period of nine months; and it was a pretty safe rule to reject all cases as evidence, except those in which it could be proved, that but a single exposure to conception had taken place. The circumstantial evidence in Dr. Chamberlain's case, however, was stronger than usual.

RETENTION OF A SIIVER CATHETER IN THE FEMALE BLADDER.

Abby F. Rooney, M. D., writes to the *American Journal of Obstetrics*, of the dangers that lurk in the oval-eyed silver catheter. A case of this unusual accident was recently reported in the Journal which the writer believed to be unique because he failed to find any literature on the subject. The accident has occurred twice in my practice, and doubtless many others have been annoyed by the imperfect oval eye of the silver catheter, which, if it has the slightest roughness or irregularity, is liable to catch upon the mucous membrane of the inner extremity of the female urethra. My first case was in a lady in the third week of typhoid fever, and wishing to avoid any anxiety about its removal, I left the instrument in situ for an hour, hoping it might escape. Upon my return, by forcibly depressing the point

of the catheter and pushing it inward, it was disengaged, and a small portion of mucous membrane was found adherent to the sharp edge of the distal end of the eye. Since that time, seven years, I have used a gum catheter. A few weeks since, however, after a perineorrhaphy, I found that I had no catheter with me, but the silver one of my pocket case, and I ventured to try it once more, but with the same dire result. This time I carefully introduced a uterine sound alongside of the instrument, and easily pushed it from its attachment, finding adherent membrane as before. I threw that catheter into the stove, to comfort my patient, who suffered two days from its use, and to avoid any future temptation to use it. I am now provided with a silver catheter, having pepper-box perforations, which seems to be free from all imperfections, and is to be especially recommended when catheterization is intrusted to a nurse.

ACCIDENTAL PUNCTURE OF THE GRAVID UTERUS.

Dr. Hanks, of New York, gives the details of a case in which the gravid uterus was accidentally punctured during the performance of ovariotomy. The patient made a good recovery from the operation, and was sent home at the end of the fifth week, no symptoms of miscarriage having manifested themselves. About three days after her return home, however, she complained of pain, and a bloody discharge appeared at the vulvar outlet. Thirty-six hours later the hemorrhage still continued, notwithstanding vigorous efforts had been made to check it, and the patient was being rapidly exsanguinated. Anæsthesia was induced, and the os, which was dilating, was more completely dilated with the egg-shaped hard-rubber dilators, and traction made on the child's feet, when the decomposed body became separated from the head and was extracted alone. Various means for extracting the head were resorted to, but in vain, and as hemorrhage had ceased, and the patient was much exhausted, stimulants, ergot and anodynes were administered, and she was allowed to rest until the next day, when the head was expelled without assistance. She made a perfect recovery. Commenting on this case Dr. Lee said, that it went to show the possibility, with our present knowledge of antiseptic methods, of the patient's complete recovery, and even a chance of her going on to full

term. He therefore thought the advice of Spencer Wells—to perform Cesarean section at once in such cases, since the patient would almost certainly die when the gravid uterus was punctured—in the light of our present knowledge should not be accepted.

PHYSOMETRA, OR AIR IN THE UTERINE CAVITY.

Dr. Yarrow records a case of this peculiar affection which is so rare that such an eminent authority as Meigs scouts the idea of its existence as a disease. The patient, a woman of 46 years, was supposed to be pregnant, and to have gone four months over her time. Expulsive pains had been felt, and it was feared that gastrotomy would have to be done. She declared herself certain of being with child, as she had borne several and was familiar with the symptoms. She asserted that quickening had occurred at the fourth month, and the attending physician was equally certain, insisting that he had felt the child. The abdomen was enormously distended—the uterus extended far above the umbilicus—the breasts seemed full, and the nipple pouting. It was agreed that under the circumstances no harm could occur from passing a uterine sound, which was introduced through a Sims' speculum. There was some difficulty in reaching the external os, and considerable force was required and used in passing the internal os, but was immediately followed by a rush of pent up gas in the operator's face which was sensibly felt, but was without odor, after which the abdomen at once collapsed. It was found that the cervix had at one time been the seat of extensive inflammatory action, and the uterine orrifice was occluded by cicatrical tissue. Absolutely nothing that would afford an explanation of the curious condition could be learned from the patient, she positively asserting that aside from this she had always been healthy. From the many well authenticated cases recorded, at one time and another, there can be no doubt that the formation of gas in the uterine cavity, opposed though it seemingly is to all the teachings of physiology, pathology and common sense, does take place, though rarely. Widows, and women married late in life, or those near the menopause, are those in whom it occurs, and it may so simulate pregnancy—the breasts even being distended with milk—as to deceive even the elect (diagnosticians). The causes which it is said may give rise to it are manifold, and include, taking cold after child-birth or during menstruation, the

over-frequent use of cold drinks, acid fruits, or food productive of flatulency (by females predisposed to it) suppression of the menses, frequent abortions, accidental entrance of air when the uterus is distended and the os open as just after birth or menstruation, and the presence in the womb of a decomposed fœtus, placenta, coagulæ, etc.

THE ELECTRO-PTERGOID. A COMBINED DILATOR AND TAMPON.

After many experiments Chassagny has devised an apparatus which he claims will replace the tampon or colpenrynter in cases of hemorrhage, replace Barnes' or similar dilators, as also the finger, in cervical dilatation, and at the same time by its presence prove an efficient excitor of uterine contractions. It consists of two portions—a speculum and the bladder of a pig. The speculum has two blades adapted to its inner end, which expand on pressure, and retain the apparatus in the vagina—hence he terms it the "electro-ptergoid" (wings in the vagina). The bladder is pushed into the speculum, its open end having been attached to a syringe or irrigator. When the speculum has been introduced into the vagina, water is injected into the bladder, it expands, pushes the specular wings outwardly, and thus we have a self-retaining tampon. Its presence and the pressure it exerts on the vaginal walls, soon excite uterine action. As the cervix dilates, a part of the bladder forces its way into the cervical canal, dilating it still farther. To understand the rationale of this latter action, suppose the bladder placed in an elastic cavity which it fills without being entirely distended. Now make a small hole in the cavity and inject air or water into the bladder, and a portion will insinuate itself into the hole, like the finger of a glove, and thus dilate it.

FLAX AS A DRESSING FOR WOUNDS.

In *Vratch*, No. 12, 1883, Dr. Makuschina recommends it as a cheap and convenient surgical dressing. It is prepared as follows: Small bundles of flax are boiled for three hours in ordinary lye-water, and then left to soak in the same for eight or ten hours. After that it is washed five or six times in clean water, dried, and combed out. It loses about twenty-five per cent. in weight, and is a perfectly white, soft material, much more hygroscopic than before being so treated. It is several times cheaper than absorbent cotton, in Russia at least.

EDITORIAL.

"In things essential, unity; in things doubtful, liberty; in all things, charity."

THOU SHALT NOT ADVERTISE.

President Younkin takes the editor of the *Georgia Journal* across his paternal knee (figuratively speaking), for his criticism on the action of the National, which he pronounced "too precipitate."

"We feel sorry to have occasion to be displeased with one at least of the rulings of the National. We refer to the inexcusably hasty and summary way in which Dr. J. M. Hole, of Salem, Ohio, was dealt with. There is too much allopathic tyranny displayed in this method of doing business. Neither the National, nor our cause, would have lost anything had the matter been deferred one year. But what makes the matter appear so much more unkind is the fact that other offenders, no less out of place, as we see it, were gently and leniently dealt with and forgiven. We utterly hate and abhor tyranny in any shape, and that is why we are eclectic."

President Younkin calls him to account in this wise: "I am not particularly interested in the expulsion of Dr. Hole as it was not my fight, and I am aware, too, that you are not a member of the National. If I am allowed to venture an opinion, it would be that you seem more interested in Hole than you are in the National. You think me a little hasty, but you must allow me to assert that nothing looks more hasty to me than the wholesale condemnation of the action of the National from one who is not a member, but little acquainted with the action of Hole, and was not present at the association. * * * *

* * * * "If without excuse or justification then you must maintain that a bombastic advertising dodger thrown out upon the public is perfectly legitimate. Dr. H. did this in open violation of the rules of the National and of a reputable profession.

"If this man had had his just deserts he would have been expelled years ago, when he bolstered up Field and took a professorship in Field's college amidst all the dirt and filth surrounding that concern at the time. Or when he suffered himself to go as one of the officers of the N. E. Institute of Medicine, which was set up in direct opposition to the National, and wrote an article in Field's Journal bidding God-speed to such a faction. Why, sir, I am astonished at you. I think men of that ilk should

be dealt with in short metre. You say, 'Neither the National or our cause would have lost anything had the matter been deferred one year.' Procrastination in such matters has well-nigh ruined us already. We can't afford to allow blisters to suppurate, to disintegrate, to cover up and poison the life blood of the whole body; open out, drain them and let them run off so soon as they become foreign material."

As we understand the matter, it was something like this. Charges of unprofessional conduct were preferred against Dr. Hole for issuing advertising handbills, one of which was exhibited. The committee reported his conduct as "entirely unprofessional and unbecoming, and calculated to cast odium, not only on state organizations but the National Association," and advised expulsion. To have pursued any other course in the matter, it seems to us, would have been unwise, to say the least, if not indeed scandalous, and we fail to see how anyone, having the interests of the National at heart, and possessing a due regard for the observance, of "those things which are of good report," and avoidance of those things which offend the sense of decency and propriety of the mass of honest and sensible people, whether in the profession or out of it, can defend such acts as Dr. Hole was proven guilty of, or denounce his expulsion as "arbitrary and unjust." We also insist upon freedom of thought and action, but the liberty for which we contend, and which the eclectic school enjoys pre-eminently, is not that of the libertine or debauchee. There are obligations which honor and decency place upon us, which may not be violated. Liberty is not unlimited license. Herein, we believe, lies the greatest burden which the eclectic school bears to-day—a horde of unscrupulous men from every school, or from no school, men who on account of ignorance, or disreputable practices, either cannot gain recognition at the hands of decent and reputable medical men, or have forfeited it, knowing how popular is the eclectic system, seize upon the title "eclectic," and all decent men wearing that name are made to bear the odium of their acts and crimes. "Finally, whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are of good report, think on these things."

A COUNTERFEITER'S DODGE.

Not long since a man who was detected trying to pass a false coin, thrust it into his mouth and swallowed it, thus removing a part at least of the evidence against him. The entrance of foreign bodies into the œsophagus or stomach, though not always a formidable affair, has its dangers and has proved fatal. It occurs at any time of life, but is much more frequent in childhood, both from the want of caution and experience natural to that period, and the well known propensity of a child to put anything it can lay hands on into its mouth. Nothing is more common than for adults to imagine that a foreign substance is lodged in the pharynx or œsephagus when nothing of the sort exists. Something sharp, such as a fish bone, has been swallowed with the food, and the sensation produced by the scratch may remain a long time. All such cases, however, should be patiently and carefully investigated, and the laryngoscope may be used with advantage, for more than once a pin, a small fish bone, or a bristle from a toothbrush have been hidden behind the pillars of the fauces, and caused serious inconvenience. Bodies of large size are generally arrested opposite the cricoid cartilages, but may go lower. Thus lodged they are not usually attended with any urgent danger, but are inconsistant with prolonged life, since they interfere with deglutition. The nature of the body and its place of lodgment are the points on which turns the question, whether we should gently push it down into the stomach or attempt to fish it up. A smooth body, if deeply lodged, is best dealt with by the former procedure, and sometimes this is the best that can be done with a body somewhat rough. If more superficially lodged, it may possibly be reached with the long œsophagus-forceps, but great care must be exercised lest in seizing the offending foreign body, the lining membrane be also included in the grasp, to its serious injury. Coins may often be fished up with a blunt hook, while pins, fish bones, etc., are generally extracted with a horse-hair probang. Pieces of meat and even bone have been so softened by the frequent use of dilute mineral acid as to be swallowed. Vomiting will sometimes assist in the removal, but is attended with considerable risk to the integrity of the tube. A singular variety of things have been

swallowed; a plate carrying several artificial teeth, during sleep; coins by counterfeiters; buttons, fruit stones, and quite recently, four silver spoons, were swallowed with suicidal intent, and traversed the length of the intestinal canal. Dr. Vander Poel relates the case of a seamstress, who, when first seen, had suffered for a month with acute colicky pains referred to the lower part of the abdomen and the vagina. A narrow body about two inches in length was discovered imbedded an inch below the umbilicus. It was fairly movable, but manipulation caused pain. Cut down upon it was found to be an ordinary sewing-needle, rusted, black and oxidized. Later two others lying parallel with and close to Poupart's ligament were removed, and still later a fourth. She died rather suddenly a year after the first operation, and at the autopsy eight needles were found imbedded in the omentum, while two more had penetrated the peritoneum and pierced the psoas muscle. The history of the case showed that two had been removed three years before, one by incision, the other by pressing it out with the fingers. But little definite knowledge could be obtained as to the exact length of time the needles had been carried, but part of them were known to have been swallowed six years before. Foreign substances within the primæ viæ are ultimately voided per anum, ulcerate through the coats of the viscera, produce obstruction, or cause inflammation without perforating. The treatment of ordinary cases resolves itself into such measures as these, avoidance of purgation, quieting the bowels and alleviating pain if present, and encouraging the ingestion of bulky constipating food, cheese, hard boiled eggs, etc., so that the intruder may be well sheathed, as it were, and its passage through the canal guarded and gradual.

PRECOCIOUS MENSTRUATION? A FLOW ESTABLISHED AT THE AGE OF FOUR MONTHS.

As a general rule the menstrual discharge in this climate is established at the fourteenth or fifteenth year. This rule however is subject to variations, the function sometimes appearing as early as the eleventh or twelvth year, or being delayed until the seventeenth or eighteenth. In the former instance it is termed precocious menstruation, and is indicative of an unnatural growth or development of certain organs at the expense of others, and

seemingly tends to premature death, especially if the marriage relation be early assumed and pregnancy follow. Doubtless climate, constitution, and mode of life, affect the time of this flow, it being later in cold countries than in tropical climes, where it is often established as early as the eight or tenth year. So far as our knowledge or reading goes, the following case which Dr. Van Deveer encountered and reports to the *Journal of Obstetrics* is without a parallel. He was called a year ago (Sept. 1882) to see a child belonging to a family whom he had well known for a long time, and who had an unexceptionable record. The child was supposed to have trouble with the spine and he secured the following strange history of the case. When seen she was two years and seven months old, and began to have a regular normal flow, lasting four to five days, when she was but four months old, which had recurred every twenty-eight days most of the time since. She weighed forty-nine pounds, but her features and form were those of a girl ten or twelve years old. Her mammary glands were as large as a small orange, and the mons Veneris well developed and covered with a full growth of hair. The external labiæ were large and all parts of the vulva were fully formed. She was bright and intelligent, but easily irritated, especially so at the beginning of the menstrual epoch. She was not allowed to play with children of her own age, nor did she desire to, as her tastes belonged to a child much older. All the functions seemed to be performed normally. She had never been troubled with leucorrhœa, and had never shown any disposition to handle her parts or masturbate in any way. She was, in fact, quite modest with her mother, and particularly so with her father, and markedly so when he made his examination. Her physical condition was splendid in development, there being no disease of the spine. She played some with her dolls, and while strangers found it difficult to understand her speech, her parents had no trouble in doing so. In December 1882 and January and February 1883, she did not menstruate, and in her actions was very much more fretful, and inclined to be wakeful at night. March 18th it came on again, and since had been normal, and since that time she had appeared much better in her disposition. No case of the kind was ever known in the family before.

PERSONALS, BRIEFS, ITEMS, ETC.

Bartholow's Practice of Medicine is being translated into the Chinese language for the use of physicians in the celestial empire we understand.———*The Ebant Prize* of the American Pharmaceutical Association, which recently convened in Washington, was awarded to J. U. Lloyd, of Thorp & Lloyd Brothers, Cincinnati.———*Dr. Allen says* there may be a better food for fever patients than milk, but it has not been discovered yet. ———*The season of medical* conventions is past—so is the drought. Is this only a coincidence?———*Professor A. J. Howe* was recently called to Connecticut to cut for stone. He made a brief visit to the home of his boyhood near Worcester, this state. We did not have the pleasure of meeting him.———*We have quite a catalogue* of agents that increase the quantity of phosphates. The concentrated tincture of the common oat (avena sativa), prepared by B. Keith & Co., of New York, adds a new and much-prized supplement to our list. We have made considerable use of this drug and can bear merited testimony to its real value.———*Collodion is deserving* of first place in the treatment of orchitis—swelling of the testicle. From its uniform contractile effect no agent exists that meets better the indication in this malady.———*Albert Merrell, M. D.*, has resigned the chair of chemistry in the American Medical College, St. Louis, and has been appointed to that chair of Obstetrics and Diseases of Women and Children, which was left vacant by the death of Professor Yost. John F. Sibley, M. D., has been assigned to the chair vacated by Dr. Merrell. Dr. Sibley is principal of the Institution for the Education of the Blind, of Missouri, and is reputed to be an excellent teacher and lecturer. Dr. Merrell has also been appointed a member of the State Board of Health, of Missouri, vice Dr. P. D. Yost, deceased.———*Intense itching* is said to be promptly cured by sponging the body with pure alcohol, with five drops of carbolic acid to the ounce. We have often used the acid in water with great satisfaction. Doubtless the alcoholic solution would be as good or better than the aqueous.———*C. W. Null, M. D.*, Professor of Physiology in Louisville Medical College, speaks in the highest terms of Clerina, which he has found to be an admirable nerve tonic.———*Inunctions of vaseline*, lard, or other unctuous substance, once a day or oftener, will greatly relieve the distress and discomfort which many women suffer during the last months of pregnancy, from distension of the abdominal walls. In many cases the formation of linea albicantes is prevented.

OBITUARY.

We regret to announce the death of Job T. Dickens, M. D., of Newburyport, Mass., which occurred on Tuesday, the 25th ult., at the advanced age of 79 years. For six months or more, he had been quite infirm, but on Tuesday had been about as usual and sat with the family until 9.30, when he retired. Shortly after his breathing became stertorous, and he soon passed away. Dr. Dickens was born in Bromsgrove, England, August 22nd, 1804, and came to this country at about the age of 20. After a course in Harvard Medical School, and one in Jefferson Medical College, he graduated at the Medical College of Worcester, in June, 1847, and immediately thereafter removed to Newburyport, where he has since resided in possession of a large and lucrative practice. Always courteous and agreeable, he held a high place in the esteem of the residents of his adopted city, and there are many beside those to whom he was bound by ties of relationship, to whom his death brings a deep sorrow. He was an honored member of the Massachusetts Eclectic Medical Society, and was held in high esteem by the many physicians of all schools with whom he had been associated during his long residence in Newburyport.

MISCELLANY.

A Nail Imbedded in the Brain.—In an autopsy on a patient dying in one of the Vienna Hospitals, there was found in his brain an iron nail covered with rust, which to all appearances must have been there from early cnildhood. The man was about forty-five years of age, a bookbinder, and always passed for intelligent. Negative popular evidence, however. is of but little value. The man, at regular intervals, had epileptic attacks, and post-epileptic mental phenomena while in the hospital.—*Medical Press and Circular.*

Tonga—The American Medical Journal devotes an editorial to a consideration of the therapeutics of this remedy. The article is based upon results observed in the editor's own practice, the cases treated being two of sciatica and one of cruralgia. These cases had been under the care of another physician for about three weeks, but had experienced no improvement. They were then placed upon the fluid extract tonga, following which there was prompt amelioration of the pain, and the continuance of the remedy resulted in a permanent recovery.

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ORIGINAL COMMUNICATIONS.

*CIMICIFUGA.**

BY GEO. W. WINTERBURN, PH. D., M. D., NEW YORK.

OF the many herbs belonging to the natural order Ranunculaceæ, which I have or shall mention in the course of these lectures, there are none more worthy of our affectionate regard than our topic. Black snakeroot, or as it is better known black cohosh, was called by the early herbalists macrotys racemosa, and by that name it is still best known to a large majority of our Eclectic brotherhood. At a later period, the botanists, classified it as an actæa; and as actæa it is known in the school of Hahnemann. Finally the botanists separated it from the baneberries, and, typifying its offensive odor, rechristened it bugbane, or cimicifuga; and by this name it is prescribed by the Allopathic fraternity. So we have the three great schools of medicine using this drug under three distinct names. As the botanists have now, probably, determined its proper name permanently, it seems best to conform our medical nomenclature to theirs, and so I invite your attention to it under the name of Cimicifuga Racemosa.

It is an indigenous, herbaceous, stately plant, growing to the height of eight feet, in rocky woods, from Maine to Georgia. The ROOT is the part used; it yields its virtues to alcohol, and the resulting tincture strongly resembles laudanum in taste.

*From "Lectures on American Vegetable Remedies."

Chemical Constituents.—The root contains an alkaloid, *cimicifugin*, a resinoid, a neutral principle, a volatile oil, tannic and gallic acids, black and green coloring matters, fat, gum, starch, salts of iron, lime, magnesia and potassa.

Physiological Effects.—Overdoses of cimicifugin (more commonly called macrotin) cause agitation, both mental and physical. Restlessness, apprehensiveness and sleeplessness are the principal factors of its influence. The mind becomes dull and heavy, vision impaired, pupils dilated, and the expression of the eye wild and startled. The head aches severely, mental equipoise is lost, and sometimes a condition resembling delirium tremens is induced; and even when the impairment of function does not reach that degree of aberration, strange fancies take possession of the brain.

Sharp pains in various parts characterize its presence, especially invading the pleura, but also the dorsal and lumbar regions. Associated with these are twitchings and tremors of the extremities, palpitations and præcordial anxiety, prickling and itching in the skin, and profuse catarrhal coryza. The bowels show a disposition to diarrhœa, with large papescent stools; the urine becomes profuse, pale and watery; there is pain and tenderness of the testicles in one sex, and vaginal leucorrhœa and uterine hemorrhage in the other. Affecting the left side the most, there is a bruised sensation all over, and the general feeling is of weakness, trembling, and despondency. There is great sensitiveness to cold air, and profound exhaustion from the most trivial exertion or the slightest excitement.

Therapeutics.—Prof. Biddle, of Jefferson Medical College, says: "The effects of cimicifuga are not very accurately known."* Well, let us see. In therapeutic action, this drug is related to aconite and arsenic, caulophyllum and ergot, arnica and digitalis. It is used in diseases of the eyes, in neuroses, and in affections of the muscular, vascular, ovario-uterine and respiratory systems. Thus it will be seen its range of action is extensive; it has been thoroughly proved and accepted; and the consensus of clinical experience is unmistakably in favor of its polychrestal virtues.

*Materia Medica, 8th. Ed., 1878, page 309.

I. Excruciating pain, and the concomitant symptoms, in the eye-balls and the surrounding integument and tissues, is characteristic of cimicifuga poisoning. But long before these physiological sequences were noted and tabulated, the drug was in frequent use in ophthalmic diseases. You will find occasion to use it in hyperæmia and hyperæsthesia of the conjunctiva, iris, and retina, due to over use; in æsthenia of the muscular and retinal tissue; in photophobia from mere weakness; in dimness of sight or double sight; in paralysis of the optic nerve; in dilated pupils, with black muscæ volitantes; and in both catarrhal and rheumatic ophthalmia.

The pains which particularly indicate cimicifuga are *within* the eyeball, are aching, sore, and fixed; resemble rheumatism rather than neuralgia; are often severe without any outward indication; and are increased by movement.

The following case of retinal hyperæsthesia is fresh in my mind, and is quite a typical example of several of the conditions for which I advise this remedy: T. M. B., a wood engraver, aged twenty-eight, had long been troubled with weak eyes from over-use. He had several times abandoned work, for weeks together, on account of his visual troubles; but of late having been employed on some very delicate work his eyes were worse than ever. The retina was extremely sensitive, so that even a moderate light caused photophobia, and on exposure to a bright light chromatic rings and parti-colored clouds (chromotopsia) obscured vision. Indeed so sensitive was the retina that impressions made upon it, even in moderate light, continued perceptible after the eyes were turned to another object, thus producing confused vision. There was ciliary irritation, accompanied by slight lachrymation and considerable pain. The pain was aching in character, remained even if the eyes were kept shut for a considerable period, and was greatly increased by moving the eyeball laterally. Upon casual examination the eyes had a natural appearance. He was completely cured in three weeks by using the second decimal trituration of cimicifuga, and has worked regularly for several months without any return of the trouble.

II. Cimicifuga is essentially a cerebro-spinal remedy, being, in large doses, to both brain and cord a depressing irritant, acting

inversely to nux vomica. You will find occasion to use it in several cerebro-spinal diseases. In irritation and congestion of the meninges, as well as of the substance of the cord, it seems to deserve confidence. I have used it here but rarely; reliable observers, however, speak of it as being unvaryingly successful, and the following case shows its remarkable power: Mrs. C. H. M., aged twenty-one, of sanguine lymphatic temperament, had married at the age of sixteen, and was the mother of a little girl of four years of age. After the birth of this child, she made up her mind that she had had enough, and took means accordingly. The result was that from being a robust, hoydenish girl, she became an invalided woman, looking five years older than her proper age. There was slight uterine congestion, the catamenia was rather too free and occurred every twenty-two or three days, lasting six or seven; but the main trouble was in the spine. She had pain along the entire cord, worse on pressure or when lying on it. She was unable to walk but a short distance, without causing distressing pulsations in the spine. Insomnia was an important factor in the case. The least mental excitement would cause extreme wakefulness, and this loss of sleep would be followed by a mental state of which "homesickness" is the familiar prototype. This state of things had not come upon her suddenly; but for three years she had been going steadily downhill, until at last her whole family were greatly alarmed at her condition. For this alarm there was abundant reason; as from the peculiar numbness felt at times in the feet, and an occasional uncertainty in gait, it was evident that unless relief came soon, she would presently drift into locomotor ataxia. It was under these circumstances that we began the use of cimicifuga. In two weeks she was greatly changed for the better in appetite, sleep, and spirits. The pain in the back gradually improved beginning at the top of the spine, and quitting vertebra after vertebra, until at last it was felt only in the very lowest portion of the coccyx. Long before this she could walk with comfort a considerable distance, without a recurrence of the pulsations in the cord. Her menses were normal, and came on without distress or inconvenience. At the end of seven months the spine had entirely recovered its normal condition, and pressure on any

part no longer caused the slightest discomfort. In fact she was in perfect health and spirits. During all this time she took but one medicine, and that in no very large quantity; namely, cimicifugin in the one-hundredth of a grain dose, at first four times a day, and gradually reduced to once.

In various forms of headache I can speak with personal certitude from frequent and successful employment. It is useful in periodical nervous headache (recurring every day at the same hour); in passive congestive headache; in headache arising from over study or excessive fatigue; in the cerebral confusion and distress of drunkards—or rather, when resulting from a "spree;" in headache at the menopause in nervous hysterical women, or at the menstrual period, when the flow is too frequent and too profuse; aud in headache from night watching, or from exposure to damp, cold wind.

The character of pain, which is indicative for cimicifuga, is—pain which presses from within outwards, with a tendency to involve the eyeballs; the head feels so heavy and full, that every time he moves it he has the sensation as if the cranium opened and shut; the pains are aggravated by movement, and are generally alleviated in the open air. The absence of gastric disturbances is a further indication for this remedy.

When these conditions exist, with sensitiveness to cold air, you can give cimicifuga with every assurance of success. ℞. Ext. cimicif. fl. gtt. v. et aquæ ʒ ij., a teaspoonful every half hour until relieved.

The following persistent cephalagia is a fair type of its usefulness: Mrs. M. L'D., a widow, aged thirty-seven, was employed as a dressmaker. Having several children to support she frequently overworked herself; beside suffering much from anxiety. This induced almost constant headache from which she had been unable to obtain relief, although she had taken much medicine. At times of the year when she was not very busy she had little of this pain, but as soon as she began to overwork again it would return. The pain was felt mainly across the brows, extending around behind the ears, and causing stiffness of the muscles of the neck. The eyeballs, especially the left one, were sore, and felt as if too large for their sockets. This same sensation of too

great bulk extended to the brain, and there was a feeling as if the top of the head would fly off, from the pressure upwards. During these attacks she was very low spirited, and had frequent thoughts of self destruction. Her appetite was feeble, but digestion was good and bowels regular. She took cimicifuga, on my advice, for several weeks. It cured her headache, and restored her naturally good spirits; and I understand she has had no return of the trouble now for upwards of a year.

I had a patient for several years, who at intervals of two or three months would indulge in a spree. He never drank himself into delirium tremens, but he was a confirmed dipsomaniac, the liquor inducing deep depression of spirits with fear of dissolution, but never going on to mania. When he had been drinking for four or five days he would come around to my office the most abject specimen of humanity I ever laid my eyes on; but a few doses of cimicifuga would soon set him all right.

In the treatment of mental disorders it is one of our most valuable drugs. It is recommended by Sir James Y. Simpson, and my own experience in concurrent, in the treatment of women, who, during pregnancy and after confinement, suffer from great mental disturbance, sometimes amounting to actual mania.

In eight or ten days she was altered and changed in a marvellous degree, but all for the better. On the third or fourth day, she informed me that the cloud of misery which had been darkening her existence suddenly began to dissolve and dispel, and in a day or two more she felt perfectly well again in gayety, spirits and energy.—*Simpson.*

The condition is one of profound melancholia, with indifference and suspicion to those about her, apprehensiveness as regards herself, and obstinate insomnia. If this last sympton be present, cimicifuga will generally cure cases of melancholy, no matter what the cause; and even when the disorder arises from some incurable physical disease, it is, at least, palliative.

You will find it useful in those depressed states following the prolonged or excessive dependence on stimulants and narcotics. In delirium tremens, I should not very well know how to get along without it. It not only restores the mental balance, relieves the muscular tremors, and overcomes the persistent sleeplessness but it also reaches the gastric symptoms, and corrects the tendency to ganglionic degeneration.

Cases of delirium tremens call for nux vomica, hydrastis, and cimicifuga, or belladonna, stramonium, and hyoscyamus. With these six remedies, and mainly with the first three I control all cases. Nux vomica is the best antidote to free alcohol in the blood, and will often if given in drop doses of the fluid extract, half-hourly, completely neutralize the effects of acute alcoholism. When the weight of its poisonous effects fall upon the digestive organs, and gastritis is the prominent symptom, hydrastis, in drop doses of the tincture, every hour or two, will quickly relieve. Cimicifuga is of use when urethism is the most prominent symptom. The other three remedies are of value of the various forms of raging mania.

Cimicifuga is beneficial in chorea, whether uterine, rheumatic, purely psychial, or arising from cold or fright. Dr. Sidney Riuger dissents from this, and says that it fails altogether when there is no history of rheumatism. But other equally careful observers state, and my own experience inclines me to concur in the opinion, that it is of undoubted value in all cases of chorea that are aggravated by the emotions, at the menstrual period, or are caused by suppressed menses, provided there is more or less melancholy and insomnia. I should hardly be inclined to put much trust in cimicifuga unless these latter conditions were present.

I had a case of this kind in a young girl, who at every menstrual nisus was seized with an irresistible desire to gesticulate. This lasted usually from five to seven days, and was accompanied by sleeplessness, irritability, and despondency. Cimicifugin in the one-fiftieth of a grain doses, four or five times a day, relieved her at once, and cured the choreic tendency in two or three months.

Cimicifuga does not reach actual ganglionic lesions, and where the tremors and involuntary movements are caused by strucural changes, it will be useless. It is not, therefore, available in epilepsy, although Dr. Gardner Coe says he has seen cases much benefited,* except in what is called uterine epilepsy. Nor is it useful in puerperal convulsions, nor in any form of periodic convulsions nonchoreic in nature.

* Probably because used with other remedies.

The spasms of hysteria, when not caused by actual displacement of the womb, are easily controlled by this remedy. In fact, in many of the conditions of delicate, hysterical women, there is more or less sleeplessnes, nervous mobility, incessant talking; she feels grieved and wronged. Under these circumstances cimicifuga is remedial.

It is not indicated in neuralgia confined to any particular nerve or region, as is true of so many drugs, though it seems to affect the left side the most.

Enfeebled dermal enervation, frequent in those whose nervous system has been weakened by long illness, evincing itself in cold night sweats, coming on about three o'clock in the morning, and lasting sometimes through the forenoon, is greatly benefited by small, persistent doses of cimicifuga.

[TO BE CONTINUED.]

A CASE IN PRACTICE.

BY E. E. SPENCER, M. D., CAMBRIDGE, MASS.

In July, 1880, I was called to see a gentleman, about 55 years of age, who had been ailing for a long time, treated by many physicians, and now wished my opinion. I found him much reduced in flesh and strength, but still able to walk a short distance. The pulse was about 100, and there was a very troublesome cough, with considerable expectoration of mucous. The bowels were constipated and difficult to move with any means he had yet tried, and the urine was normal. The tongue was pale and partially covered with a white coating, and all of the mucous surfaces showed a paucity of red corpuscles. He ate but little, as everything taken distressed him, and appetite was wholly gone. The temperature was high, but I am unable to state the exact degree as the register is not with my notes of the case. Marked chills with fever following, occurred at irregular periods of from one to three days. He was a native of Maine and had spent much of his time there since his sickness, and had been treated by several noted medical men of that state, beside several of distinction in Boston. He had repeatedly been in the Massachusetts General Hospital, where he was directed to take cod liver oil with some bark and iron, and go into the country.

There were two conditions which especially attracted my attention after my first visit, viz., the difficulty in moving the bowels, and the condition of the left leg and foot, which were somewhat swollen, slightly œdematous, and very cold.

Any attempt to warm the limb produced pain and a peculiar sensation, which he could not describe, began in the foot, followed up the leg until it reached his side just above the hip, when he would suddenly go into a spasm, remain rigid, for several minutes, and fall into a state of unconsciousness for two or three hours.

Inquiry developed the fact that he had been subject to epileptic fits, years before any of his present ailments became manifest. About the period of puberty, was the first seizure, and they recurred for many years, but for some ten years before this sickness there had been none of them. Constipation had been troublesome since he first became ill, and never was wholly relieved, but had become more and more troublesome, and when I was called the bowels moved only by the assistance of cathartics, always appearing to be distended with gas, and frequently more or less sensitive to the touch.

He said the feeling often was that they would move at once, when suddenly all motion in the abdomen ceased, and resort to an enema gave but partial relief.

I watched him carefully for three or four days, when I was asked if I was ready to give an opinion. I answered, yes! And that to come directly to the point and speak plainly, I would say, that I could not cure him, and should only endeavor to alleviate his symptoms by my treatment; that the lungs were largely involved and would cause death, in a short time, were there no other troubles. I admitted that the condition of the leg, or rather the cause of it, was a puzzle to me, and also the condition of the bowels; that I knew but little about the case and was only guessing, as it was very evident those who had treated him before had also done. I informed him that should he learn of anyone who thought they could cure him, he was to try them if he was so disposed, but I would say, that in my opinion anyone who promised him a cure was either very ignorant or very dishonest.

Much surprise was manifested at the opinion given, and the

statement made that those who had preceded me, had not understood the case, more than I, was regarded as quite an assumption! After a time a person was found who confidently spoke of a speedy and complete restoration to health, and I saw no more of the patient for some four months.

At the expiration of that time I was again called, and found the man had lost much since I last saw him, and was suffering more, having frequent spasms. The bowels were still more obstinately constipated, if possible, and digestion and assimilation were at a low ebb, all indicating the progress of an incurable disease. I was told that no benefit whatever had come of the treatment undergone since I last saw him, and not as much relief had been attained as my prescription had given him, and I was requested to do what I thought best while he lived.

He had been under the treatment of one who was very sanguine of success, because the "spirits showed him exactly what the trouble was;" and by the laying on of hands the patient was to be able to walk as well as ever in a short time. But when he laid his hands on the affected leg and foot, and applied some friction, the patient had a spasm, and repeated it every time an attempt was made "to warm the limb."

After a few days the doctor (?) gave up his patient by failing to appear at his appointed hour, or ever after applying for his fee. He was very thoroughly demoralized.

To relieve the cough, which was very troublesome, I renewed my previous prescription, which was Morphiæ Sulph., grs. ij., Ext. Gelsemii Fld., ʒ ij, Syrupi Pruni Virginianæ, Glycerini aa. ʒ ij. M. ft. mist. Sig. A half teaspoonful in mucilage of acacia every fifteen minutes if needed. Two or three times a day sufficed to quiet the cough, and it did well. Husband's magnesia relieved the bowels better than anything else tried. Nitric acid, hydrastine, and quinine, were used to prevent the chills and restrain the profuse perspiration which followed them, but without much benefit. Feeding with nutritious and easily digested food, occasionally varying the cough mixture a little, was the principal treatment. His death occurred April 4, 1881.

Most of the pain had been in the left leg and foot, though there had been some sensitiveness in the lungs, while he had wasted to

a shadow. Thirty hours after death, an autopsy showed both lungs loaded with tuberculous matter, in various stages. The heart, liver, spleen, and kidneys were healthy. The stomach was congested in small dark patches, not larger than a half dime. Nothing abnormal was found in the intestines, except in the middle of the small intestine, there was a stricture about five inches in length and so tight that I could scarcely introduce my little finger. The difficulty in moving the bowels was explained; but the origin of the stricture remained unexplained. All the contents of the abdomen were removed, without further discovery of special disease.

Passing the fingers over what appeared as a swelling of the lumbar and upper sacral muscles, a doughy feeling was experienced, and running the scalpel through the enlargement on both sides of the spine, large quantities of pus, almost granular in appearance, escaped.

The bones of the parts were all seriously involved, and there were two immense lumbar abscesses, which had never caused much pain, and whose presence had never been suspected (as far as I could learn) by any of the many medical gentlemen who had treated him.

What revelations come to us through post-mortems, sometimes approving our diagnosis and treatment, while I venture to assert more often demonstrating, that doctors are but bad guessers at their best.

TRAUMATIC LESIONS OF THE BRAIN.

BY PROFESSOR E. YOUNKIN, M. D., ST. LOUIS, MO.

Of all accidents, injuries to the brain and its membranes are the most formidable. To learn the meaning of every symptom, or to be able to recognize the nature and extent of the lesion, is by no means an easy task. One stroke from some missile may produce a complication of injuries whose symptoms co-mingle in countless number, and our perplexity may often rest upon the question as to where and what kind of injury most predominates.

It is not the mere injury to the soft parts exteriorly, nor the question of fracture in the bones of the skull that constitutes the gravity of injury, but the effects of trauma within, the latter of

which may be out of all proportion to the extent of the external lesion.

Injury to the scalp and skull may, indeed, give rise to meningitis, punctured, contused, and lacerated wounds being the most dangerous, inducing inflammation, infiltration of pus, and necrosis.

Though the osseous tissue may not be broken, nor become necrotic, yet a purulent ostitis may be invited, and extending inwards, pus infiltrates between the bone and dura mater, thus forming a transmitting link from the primary injury to deeper structures, or, by taking the other path, the sinuses are reached by an osteophlebitis through which media the inflammatory process may spread rapidly.

Before entering specially upon the remote effects, we desire to glance at the more immediate conditions of injury, of which the brain is so liable to suffer. These conditions are recognized as contusion, concussion, and compression, and their several groups of symptoms you will observe as having many points of resemblance, besides the very same accident may intimately connect these conditions, one with the other.

Contusio Cerebri.—To contuse is to bruise a part. The brain may receive this kind of an injury without any injury whatever to the bone, since thc cerebral substance offers less resistance than its osseous covering. It may result, of course, from splintering of the inner table of the skull, the soft parts in direct contact receiving the injury; or by a mere depression; or by projectiles and their lodgment within the cavity of the skull.

Not always is the seat of the greater contusion at the point of injury; it may be on the side opposite the point of injury, or it may be upon both sides at the same time. Thus, it is one point to diagnose a case as one of contusion, after which, we should be able to learn whether the bruise is adjacent to the injury, or on the side opposite, or on both sides.

(*a.*) If the head be resting on some hard body, and a dull heavy blow be received upon the opposite side, the brain is liable to suffer more on the side opposite the blow.

(*b.*) If the blow be light and limited, the parts adjacent to the point of injury is more likely to suffer.

(*c.*) The more delicate portion of the brain, offers less resistance, but there is no part of the brain but what may be disorganized by force.

The cortical substance, in which the ganglionic element predominates, offers less resistance than the medullary in which the fibrous element is in greater proportion. Hence, all things else being equal, the cortex is liable to the greatest injury.

We have sometimes been led to wonder why in certain cases of injury, our patient has suffered with paralysis on the same side of the injury, while in other cases the paralysis has been on the opposite side, and still others, upon both sides, or when a stroke is received upon the top of the head the base of the brain should suffer the most. A careful study of the above laws will explain the difficulty. If paralysis is upon the same side of the body on which the blow has been received, the greatest injury is on the opposite side from the blow, the effects being transmitted through the decussating fibers of the medulla. If paralysis is upon the opposite side from the blow, the injury to the brain lies adjacent to the point of the missile. If upon both sides, then both sides of the brain are suffering from the contusion.

Contusions of the brain are always associated with solutions of continuity of the cerebral elements. We may have capillary apoplexies through the constituents of the brain, but more marked in the cortical portion. If the injury of the brain is very limited the capillary hemorrhage is not diffused and the tissues of the brain are left intact, in other cases the extravasations are much larger and more closely aggregated, and are accompanied by laceration, and thus the centre of the mass may consist of a thrombus of coagulated blood which is surrounded by smaller extravasations becoming capillary toward the periphery. A still greater laceration is produced by perforating projectiles, and large portions of the brain may be thus disorganized consisting of a reddish mass of blood and brain substance, so that in many cases we will find contusion associated with concussion and compression.

In the diagnosis of contusion we recognize but one rational sign, and that is disordered function localized in the brain. As for instance in a case of paralysis of a particular nerve.

Convulsions do not assist us in localizing a lesion unless confined to particular groups of muscles. We must be able to distinguish between the general symptoms of a disordered circulation and those particular symptoms pointing to a local lesion. Paralysis is not diagnostic of contusion unless the condition can be made out from an examination of the trauma. A rupture of

the middle meningeal artery may produce either general or local paralysis according to the amount of blood poured between the dura and the bone giving rise to compression, but if no extravasation of great moment takes place and a motor tract is paralyzed, having a superficial motor centre, contusion may be determined with a degree of certainty.

Of unilateral spasm beginning with the facial muscles, involving next the eye and the tongue, next the territory of the spinal accessory, and, finally, the arm and leg, contusion is the cause, and more absolutely certain will be the diagnosis if the convulsive movements leave the face and improvement takes place in the inverse order to that in which I have mentioned their progress.

We believe that definite motor functions belong to definite portions of the encephalon, and while their centres may not all be determined with the present state of our knowledge, still we have become enabled to localize a number of pathological phenomena.

The immediate signs of injury either by contusion, concussion, or compression, may become greatly increased or aggravated by subsequent local inflammation, and this fact should always be borne in mind, but, all inflammatory lesions are always remote from the time of injury, and, convulsions to be of any diagnostic value, must make their appearance soon after the injury, otherwise they may be suspectsd of being due to meningitis, or still more remotely to adventitious growths.

We have seen cases in which the power of voluntary movement in a part was lost, still reflex movements and clonic spasms were manifest.

In such cases there is loss of function in the centre of volition within the cortex, while the motor fibres of the *radiating crown of Reil* retain their excitability.

Our ancient surgeons were decidedly of the opinion that we were without means of recognizing contusions of the brain.

Dupuytren distinctly taught that contusion of the brain does not reveal itself by any symptoms until four ar five days after the injury, at which time the inflammatory symptoms begin to show themselves.

Sanson declared his convictions in almost the same words, but in after years he held that contusion of the brain has its own characteristic signs, which, appearing at the time of the accident, clearly reveal the nature of the injury. And the symptoms upon which he relied, were tonic spasm of the limbs; intense restlessness, with rolling and tossing; unconsciousness more or less complete; drowsiness without stertorous breathing; contraction of one pupil or eyelid; spasm about some one muscle of the face, or lips giving rise to difficult pronunciation. Such was the

teaching of Sanson in his later years, and this is for the most part the teaching of the present French School of Surgery, wherein it is distinctly held that "as a general rule, contusion of the brain does at the very outset give rise to a train of symptoms by which the injury may be recognized, *if the various symptoms be only weighed with due care.*"

I will now close this article by giving the history of a case in practice.

Albert Johnson, aged seventeen months, heavy and robust for his age, on August the second, 1883, fell a distance of twenty feet, from a balustrade, striking with his head upon a brick pavement. The stroke was received upon the left parietal bone. He was picked up insensible and carried into the house. In a few moments there were signs of life, but soon he passed into a convulsion. About an hour later I saw the case. The face was pale, eyes open and pupils dilated; the breathing slow, pulse feeble, and general convulsions prevailing; above the left ear a diffused contusion, no depression nor abrasion, neither was there any positive evidence of fracture; the extremities were cold and there was an involuntary discharge of fæces.

I felt but little encouragement in attempting to save my patient. I ordered a flannel blanket to be dipped into hot water, and wringing it out I wrapped the feet and legs; a compress wet with ice water was placed over the injury. I left with the directions to keep up this treatment as long as there was life, expecting when I returned to find the little sufferer dead. I returned in four hours and found him in much the same condition, except clonic spasm of the muscles of the mouth on the left side and the tongue drawn to the same side. Unable to swallow, I gave nothing internally, and ordered attention as before to the extremities through the night. At early morning (August 3d) I found that the convulsions had continued without abatement through the night. What could be done? The patient could not swallow. I thought of my hypodermic syringe and the tincture of gelsemium. I immediately injected eight drops of the green root tincture into the thigh. In twenty minutes all convulsive movements ceased, the patient could swallow, and seemed better in every way. There was paralysis of the right arm and right leg. A query now arose in my mind. Did the gelsemium stop the convulsions? Perhaps it was only a coincidence. I now ordered

℞.—Kali Bromidii,		gr. xxx.
Tinct. Gelsemii,		gtts. xx.
Glycerini,		
Aquæ,		aa. ℥ jss.

M. et S.—A teaspoonful to be given every half hour unless resting.

I returned at 3 P. M. and found my patient again writhing in convulsions, and learned that he had been for two hours. I repeated the gelsemium injection and in twenty minutes there was an entire abatement of the convulsion. Now my question was answered; now my faith was confirmed, and my doubts ceased. The tendency to general spasm gradually grew less and less, and in seven days from the time of injury ceased entirely. The paralysis of the right side has continued up to the present time (September 20th), but an improvement is manifest. About the lips and tongue there is no paralysis appreciable. The arm is giving partial obedience to the mandates of the will, and the leg shows signs of strength and general improvement. In the right arm and leg the fact already stated was present in this case, namely, loss of voluntary motion, while reflex movements and clonic spasm were present. The latter has now ceased and the hemiplegia improves from day to day.

[TO BE CONTINUED.]

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

(AMERICAN AND FOREIGN.)

ACADEMY OF MEDICINE.

THE PRESIDENT raised the question of the propriety of using the latter preparations of vaseline in skin diseases. He asked if any of the members had noticed any untoward effects after its use.

DR. FORCHHEIMER replied that some two or three years ago he was in the habit of using vaseline as a dressing for the umbilicus in the new-born. He was surprised to learn from the nurses in several instances that after two or three days the skin had become sore. On examination he then found an acute eczematous eruption of great violence and intense swelling which gave great pain. Knowing that some individuals, not only infants but also adults, are peculiarly sensitive to the tar products, which produce an irritation in certain skins, he concluded that the vaseline was the sole cause of this trouble, and consequently desisted from its use immediately. He was therefore now afraid to use it at all, and prescribed in its stead cold cream.

DR. SEELY, upon inquiry, said that he had met with no unpleasant effects after the use of vaseline as an eye-salve, but had several times noticed that it aggravated the difficulty when

applied to an eczematous eruption on the ears, especially in young children. He supposed that the irritant effect was due to a change in the preparation of this article and based this supposition on the fact that certain powders, as, for instance, the yellow oxide of mercury, which could be formerly well incorporated with the old vaseline, did not seem to mix well with the latter preparations, in this respect resembling cosmoline, which also does not form a salve of proper consistence. He had also heard that vaseline was liable to produce eczema, but his atttention was called to this fact only since last year. It was his custom to incorporate boracic acid with this substance, which he thought, prevented this unpleasant result.

He had, however, heard of other cases of a similar nature. A young man applied vaseline to his arm for sun burn and it took him all summer to recover from the irritation. When his atttention was called to this it struck the speaker at once that the vaseline must have been the cause.

Dr. Carpenter said that the vaseline used in Paris some years ago seemed to be a different substance from that employed here; it was of a greyish color and pronounced by Galezowski as invaluable in ophthalmic practice and as being well borne by the most sensitive skin.

Dr. Wilfert said the vaseline used at present is not the same preparation that was formerly employed. A German pharmacist examined six different specimens recently and found that nearly all of them were acid; besides the free acids they contain sôme sulphuric and sulphurous acids. On account of the competition in manufacture not the same care is had in the preparation of this article that there ought to be.

Dr. Forchheimer considered this a very important point and probably the explanation for the difficulty. It is claimed by the manufacturers that vaseline does not become acid, and being a neutral product is therefore unirritant. Dr. Wilfert's explanation was therefore undoubtedly correct.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

At a recent meeting Dr. C. Seltzer read a paper on Dietetics for the sick of which me make the following summary:

The methods of dietetic treatment of diseases are as various as are the ills that flesh is heir to, but all of them contain some of the following principles as essential features: In acute diseases, *rest* is of primary importance; it is the fundamental principle of their medical and surgical treatment, and the same idea must be carried out in dietetics by remembering what part each organ

serves in absorption, assimilation and excretion, and by avoiding such food as would cause the performance of that function. Of course this plan is only to be pursued while the disease is advancing, and as soon as recovery begins, there must be a gradual return to a promiscuous diet, very little at first, just enough to slightly exercise the crippled organ, using as great care as we would in instituting passive motion in a limb that has been fractured. Nature enforces this principle by the loss of appetite that marks the onset of nearly all acute diseases. The dietetic rest of an organ does not necessarily imply a depletory diet, for while it is non-active, other organs may be made to perform a compensatory amount of work, and thus sustain or even increase the patient's vitality—so great is the versatility of our organic functions. It is upon this idea that we must act when we obey the command of Graves to feed fevers. In chronic diseases—those in which the natural course is direct from bad to worse, until death or some interposing process puts an end to them—every organ must be made to do its utmost; the whole system must be awakened to the threatening destruction. Herein lies the broadest field of action for our subject. No time should be lost; food should be administered as frequently as assimilation and proper amount of organic rest will allow; the appetite should be kept active, by using liquid, semi-solid and solid food, prepared in such a variety of ways as to allow no charge of monotony or disgust. Surprise is frequently a useful element. Instead of leaving the patient to vacillate over his or her likes and dislikes, the nurse should be privately instructed how and what to prepare for each time, and how to serve it in the most appetizing manner. A valuable aid, usually lost sight of, is condiment. Think but for a moment how a savory dish will sharpen our appetites while in health, and I am sure you will perceive its stimulating influence upon a debilitated patient, to whom the flat and insipid preparations usually offered are loathsome or even nauseating. This disgust might frequently be avoided, and the amount of prescribed medicine be lessened. Many of the bitter tonics and carminatives of our materia medica are the same as are used in cookery, and are none the less efficacious in a palatable dish than in the nauseous pill or draught. Therefore let the delicate aroma of herbs, celery, and bay leaves pervade the soups; use India curry on starchy foods, and when desirable add *Capsicum*, *Piper nigrum*, etc., to animal broths and substances. In so doing, if necessary, you can satisfy the qualms of your professional dignity by remembering that in catering to the palate you reflexly stimulate the organs of digestion.

Some articles of diet may be administered simply for their

curative effect. A five-ounce cup of strong coffee contains about sixty-six grains of extract, or an equivalent of about two grains of *Caffeine*—quite sufficient to relieve a neuralgia, or a headache and sick stomach after a dose of opium. Beef tea, made red-hot with red pepper, is the very best treatment for delirium tremens. A patient to whom I once administered such a dose, made so strong that I would not have dared to taste it myself, afterwards told me that it was the most refreshing and *cooling* drink he had ever taken. A London surgeon to the police told me that he had treated a hundred and fifty cases of delirium tremens with this remedy *alone*, and had not lost one. The use of *chloral* in these cases is criminal, and many a death certificate of "delirium tremens" ought to be "heart failure from chloral poisoning." Mucilaginous teas and drinks made from gelatine, isinglass, Irish moss and flaxseed, are very soothing to any inflammation within the digestive track. Green vegetables are necessary to cure as well as prevent scurvy.

An old practitioner, who had spent his early professional life in the country, told me that when he first commenced practicing he used all the ordinary remedies in typhoid fever without any satisfactory results, until the introduction of turpentine by the late Prof. Geo. B. Wood. In it he soon discovered a useful ally—not so much in the drug *per se*, but because convenience and time compelled him to use a thick flour gruel as a vehicle, and the patients were nourished sufficiently to live through the attack.

In the science and art of preparing sick diet there is a most lamentable lack of knowledge, especially among physicians. They know the preparations by name, but not by nature; and the only way to learn the latter is to don the apron and take a practical course from a practical and scientific cook. Such a course was inaugurated last winter in this city and in Boston, with a very satisfactory result. The prospect for this season in this city is that the course will be very well attended. It is the only way to learn. I could read you receipts by the score, but it would be as useless as reading off that many medical formulæ.

DISCUSSION ON DIETETICS FOR THE SICK.

Dr. L. Turnbull, in opening the discussion, said: In reference to these questions, my opinions are rather of the old-fashioned kind, and I believe in courses of instruction on cooking, which will be of much use to physicians. Dr. Benj. Rush was accustomed in his lectures to remark that "a physician should spend six months in a kitchen before entering upon his practical career." He desired to heighten the importance of a knowledge of the effects of food, and also the correct way of preparing it. All

these advantages could be combined with a course of pharmacy. Physicians should learn how to make beef-tea, extract, etc., and similar articles. The important preparations of mush, of Indian and oatmeal, for instance, are rarely properly made. They should be prepared over night, so as to be thoroughly gelatinized; if made in the morning just before being served, they will not be digestible. In cases of very weak stomachs, many articles of diet may be peptonized with great benefit by using a small amount of a mixture of sodium carbonate and pancreatin, these being allowed to act for a short time at a temperature of about 80° F. Fairchild, of New York, prepares powders containing these peptonized materials in convenient amount. Such peptonized foods are like the old-fashioned preparations made with rennet and warm milk, and will be borne by delicate stomachs. An article that is often wrongly prepared is barley. It may be softened and extracted with water, or it may be torrified so as to make a sort of malt extract. In the latter form it is very suitable as a substitute for the diastase-like principle of the saliva in cases where that secretion is deficient. It can easily be given mixed with other food, as in puddings, for instance.

This summer we have been very successful in relieving the irritability of the stomach and bowels of both children and adults, due to temporary indigestion, by substituting first barley-water alone, and after a time a wine-glassful of barley-water with half a tumbler of milk, or its equivalent of condensed milk.

Too little attention is given to character of water. It is sometimes very bad, containing either injurious mineral or vegetable matter. The Boston water supply was much injured lately by certain sponge-forms.

Butter is an article of food which is often impure, and besides, objectionable substitutes for it are often sold. The mixtures of animal fats known under the names of oleomargarine and butterine should not be used in the preparation of food.

Beef-tea contains often but little nourishment, and in debilitated conditions, such as most cases of typhoid fever, beef essence made, not from the round of beef, but from the neck, in which blood is found, will be much more nourishing. A valuable form of beef-juice can be prepared by cutting up in pieces fresh beef, and placing it under a block of ice until, by the pressure, all the blood has been extracted. With the addition of a little salt it has been found to be retained by the most delicate stomach, and is very useful in cases of great exhaustion.

Dr. Albert H. Smith: The older we get, the less disposed we are to rely on medicine and the more on diet. The remarks in the paper in reference to the importance of teaching physicians

the art of cooking, are deserving of full endorsement. On one point, however, I cannot agree with the author of the paper. He seemed to advocate the use of highly stimulating food in acute diseases; in other words, the methods advocated by Dr. Thos. King Chambers in his fascinating work—a work, however, which has done great injury. Dr. Chambers' idea was that all disease was due to depression, and therefore the remedy was to stimulate the system. This is an attractive theory, but is not true. In cases of disease attended with high temperature, we only add fuel to the flame by the use of stimulating food.

Nature has admirable powers of taking care of herself, even under a starvation regimen. The use of a low form of diet, with refrigerants and depressants, may often be of the greatest benefit. I can look back on my early experience, and recall cases in which, after operative measures, patients have been treated on the theory that plenty of pabulum should be furnished in the system, but such patients have perished. A strong patient will in such cases do much better on a low diet. Adhesive inflammation will be secured more satisfactorily on the low diet system.

Dr. J. M. Barton: I had under my charge during three years a patient who sustained life on about a pint of milk a day—never more than a quart a day. He was a physician, who had his own views on questions of diet and therapeutics. Dr. A. H. Smith is right in his position as to the importance of low diet after operations, but in typhoid fever we have a very different indication. In the first case, *i. e.*, after operations, food frequently acts as an irritant; but in the low fevers the patient is exhausted and needs support.

Dr. Forbes: I am reminded of a compliment which I heard the younger Larrey pay to Orfila, the great French chemist. He said that he (Orfila) was the greatest cook that ever lived. He said Orfila understood the disintegrating power of hot water. The effect of thorough boiling is most important, and since the days of Washington it has been an article of war that beans should be boiled for six hours. In the Crimea marked difference was seen between the French and English troops, on account of the superior attainments of the French officers and surgeons in reference to many of the details of a soldier's life, and especially in cooking.

Dr. Seltzer, in closing the discussion, said: I did not wish to include in the paper a discussion of the methods of preparing food, but merely to express the idea that it is important that doctors should now what to cook and how to cook. Many articles of food that as ordinarily prepared are unfit for the sick, can be cooked so as to be palatable and digestible. Mrs. Rorer's method

of cooking liver is an instance of this. She exhausts it with water to remove blood, then places it on ice until required, when it is cut into thin slices and toasted; sweetbreads are somewhat similarly prepared.

As to the use of stimulating food, we must judge Dr. Chambers' views by his own method. He draws the line between acute and chronic diseases, not making time the basis of classification, but the tendency of the disease. Acute diseases tend to recovery, and these he leaves undisturbed; chronic diseases tend to fatal results, and in these he uses a highly nutritious diet, stimulating when a depressed state exists.

In reference to the suggestions made by different speakers as to the importance of systematic instruction of physicians in the art of cookery, I may say that such courses are now being organized. I do not think that such instruction can be advantageously given with pharmaceutical teaching. A woman's taste and tact are essential to the art.

SELECTIONS.

THE CONVERSION OF MALIGNANT INTO BENIGN TUMORS.

The celebrated Prof. von Nussbaum, of Munich, recently delivered a clinical address on the above subject, which has been published by Finsterlein, of that city. It was Thierch who uttered the "weighty words"—"One ought not to despair of discovering a method of curing cancer if one could succeed in causing the proper remedy to act immediately on the structural elements for sufficient length of time to prevent their proliferation without destroying them." Since many methods of treatment have already proved ineffectual, Nussbaum believes that he has discovered one that promises to fulfill the requirements of Thierch, and which has, in fact, already shown good results. Naussbaum expresses himself thus: "It appears to me that the proper method of treatment is to cut off absolutely all the peripheral nutrient supply in order to keep proliferation in check without destruction of the tissues. The most suitable method of doing this is to draw a deep trench aronnd the neoplasm by means of the thermocautery. The vessels that spring from the base of the tumor prevent its dying; they nourish it sufficiently, so that grangrene never takes place." The thermocautery is superior to the ligature formerly made use of by him, "I do not doubt," he says, "that this encircling of the tumor, this cutting off of all peripheral nutri-

ment, has a future before it for those desperate cases in which hæmorrhages threathen to prove fatal, and in which the exhausted condition of the patient does not admit of amputation being considered. At any rate, the cutting off of the peripheral blood-supply leads to such surprisingly good results that I do not hesitate to recommend a trial of it."—*Medical Press.*

PETROLEUM IN PHTHISIS.

The almost hopelessness of phthisis pulmonalis in the most ordinary cases behooves us to be on the lookout for even a palliative. One theory after another is swept away. Pathological investigation of the most minute microscopical kind fails to detect the cause of this dread disease. The discovery of Koch led us to hope that the cure of it was in our reach, but his supposed discovery of the Bacillus has been proved fallacious by other investigators. We are as much in the dark in regard to the ultimate cause of tubercle as ever.

Laying all theory and scientific investigation aside, what can be done in the way of treatment?

Reading an article several years ago by Dr. M. M. Griffith, of Bradford, Pa. (oil country), in regard to the use of petroleum mass in phthisis and chronic bronchial diseases. I have ever since followed his plan and with the most gratifying results:

Case 1. A wood-chopper, complete dulness on left upper lobe of lung, no expectoration, hacking irritative cough, good appetite night sweats; he did not think there was anything wrong with his lungs; he thought something was wrong with him, didn't know what; had no fever, pulse and temperature somehwat above normal.

I gave him a box of petroleum pills, four or five pills daily, and to paint the left lung night and morning with tincture of iodine, to remain in the pine woods and report every two weeks.

He followed my directions promptly and after three month's treatment I fail to find any remaining dulness or cavity, respiratory murmur perfectly clear, night sweats and cough entirely gone. To all appearances he is cured. He states that "he can peel as much bark and chop as many logs as ever." The deposit seemed to be absorbed without cough or expectoration. There was no hereditary taint in his family.

Case 2. Mr. J. B., aged 39, fair skin, sandy hair, blonde, occupation miner, family history, good, called to see me December 1st, 1881. For a year he had pain in chest, cough, expectoration and chills. Emaciation of body. Pulse 100, standing; respiratory murmur increased, slight dulness on percusssion o

the left upper part of lung; pain sharp, with tenderness on pressure and percussion; cough irritated the larynx; expectoration tough, difficult, brownish, about two ounces per day. Had chills, with hectic fever, following, dyspnœa and palpitation, skin dry and harsh. This was plainly a case of phthisis pulmonalis.

He was given petroleum pills, one five times per day, counter irritation over diseased lung. ℞. Tincture Calisaya, iron and strychnia. Teaspoonful ter die.

The first time I saw him after prescribing was one month. The improvement was considerable, cough and expectoration diminished, appetite fair, pain in lung did not trouble him much, stopped the tonic, continue the pills and use no other medicine.

In six months from December 1st he writes me that his health is better than for years. He has resumed his work in the mines and feels strong and well.

At this date he writes me that his old trouble has not returned. I think this was a genuine case of consumption cured. I have a list of fifteen cases of what I consider true phthisis—ten of which were to all intents and purposes cured, three very much benefited and two died. It is not only in phthisis that the petroleum acts beneficially but in all old chronic bronchial diseases. I have nothing new to offer more than has been said by others. I am sure this remedy is not receiving the attention it should by the profession. The dose usually prescribed is too large. The mass is the most eligible form of administration. I have very little experience with the oil, do not use it all, the pill form being the most convenient and eligible.—Dr. Milton, *in Lancet and Clinic.*

GELSEMIUM IN NEURALGIA.

The number of women complaning of a localized pain in their left side is considerable, and this pain is usually so annoying and persistent that it makes the person affected with it forget all the other symptoms, which possibly might explain to the physician the real cause of this neuralgia. The relation which exists between this intercostal neuralgia and a morbid condition of the utero-ovarian apparatus has comparatively least been studied by those who profess to occupy themselves specially with gynæcology. But what is still less known is an efficacious treatment of this neuralgia, which makes life more miserable than the uterine or ovarian affection alone does.

One can surely say: *Sublata causa tollitur effectus.* Most of the symptoms and signs accompanying such lesions of the sexual organs develop themselves as slowly and hidden as the original

disease itself. And as the treatment of the latter, at least as regards slowness of effect, goes generally hand in hand with the progress of the malady, the symptomatic and functional disturbances of the other more or less remote organs must, to cause their disappearance, be subjected to a special treatment addressed directly to them. To combat therefore with more or less success the neuralgia, which has mostly its seat in the mammary line not far from the nipple on the left side, quinine, aconite, morphia, atropia, the bromides, and many other remedies have been tried, but usually in vain.

It is J. Cheron who, in the *Rev. Med. Chir. des Mal. des Femmes* (August 5), reports that he thinks to have found a remedy which, in the cases where he made use of it, has answered better the purpose and has met with a more uniform and certain result than any of those we mentioned. This is the tinctura gelsemii sempervirens, which he gives in the following manner:

He lets the patient take from three to five tablespoonfuls of the following mixture daily, either half an hour before the midday meal, or three hours after the same:

℞.—Tinctur. gelsemii,	*m* c
Syrup simplic.,	fl. ʒ x.
Aquæ destillat.,	q. s. ad ʒ viij.

M.

This way the patient takes from fifteen to twenty-five drops of the tincture per day. It is not necessary to increase the dose still further. Should any special points of neuralgia exist, he touches them every third day with the tincture of iodine.

The latter procedure we cannot recommend. To apply the tincture only every third day is useless; more effect is produced by employing the same three times a day; but the best remedy, and one which invariably will cause a disappearance of the pain, at least for some time, even without any internal treatment whatever, is the application of a small fly-blister, say of from two to three inches in size. But the emplastrum cantharidis should be left on the skin for eight hours, and be sprinkled over with morphiæ gr. iss. to prevent dysuria, easily happening in women, and must then be followed by a hot poultice, applied for about one hour only, as then any blister that wants to rise will do so, and besides the certainty of the success of the operation the patient saves herself from the annoyance of seeing every day develop another small blister. Care should also be taken not to tear the skin when removing the plaster, to dress the sore twice daily with benzoated zinc ointment, to which Peruvian balsam has been added; and if these precautions are made use of, the patient will not oniy be rid of her pain, suffer little from the inconvenience of the blister, but find the sore healed within three or four days.

A PENHOLDER IN THE BLADDER.

Prof. A. L. Clark reports the following somewhat unique case to the *Chicago Medical Times*:

A girl, fifteen years of age, entered my office one evening, complaining that "it hurt her to pass water." To my questions, she replied in effect that the trouble had come on suddenly, not gradually; that there was no discharge from the genitals, no tenderness of the parts, and that *she knew of no cause*. She had never had any trouble of the kind before. I prescribed a demulcent diuretic, and in two days she returned saying she "was not a bit better." She had to pass water frequently, in small quantity and always with pain. As will be seen further on, much reliance cannot be placed upon these statements, and as a rule in affections of the female genital organ the practitioner should be his own judge of the truthfulness and value of the related symptoms. Again another demulcent diuretic was prescribed and again my patient appeared before me "no better." I thought of course of gonorrhœa, of a calculus in the bladder or urethra, though my patient assured me the flow was free and without seeming impediment to its close, and finally decided that an examination should be made. Inspection revealed nothing abnormal, no discharge, redness, or sensitiveness about the urethra. Introducing an ordinary uterine sound, I traversed the bladder as I thought quite thoroughly and found nothing. I felt beat, thought of slate pencils, hair pins and various other articles which I had heard of being found in the bladder, but as I failed to find anything, felt nonplused, the more so, too, as all knowledge of what could have caused the trouble was denied again and again. Another prescription followed and I saw no more of my patient for six weeks, when she returned, saying that she was much better but had still some trouble. While trying to surmise what the matter could be, she said, "I think it's crosswise." What? I asked. "The *pen*, I think its crosswise." Here was light. Again I introduced my sound and finally as she had suggested, I found the offender "crosswise," directly behind the upper portion of the public arch, and so close to it that my previous search had overlooked it. Here was my first mistake, my investigation should have been more thorough. She then informed me that it had been there over three months. I did not ask her how it got there, as I supposed her answer would make me no wiser. She said it was the brass handle of a steel pen. Being busy at the time, I directed her to call the next evening, and having secured the services of a medical friend to administer the anæsthetic, I at once proceeded to rapidly dilate the urethra. In five minutes I could introduce

the little finger, but could not with any degree of force, I thought it prudent to use, dislodge, or in the least, start the pen handle from its position.

Supposing it to be simply the *handle* with one end open, and possessing considerable penetrating power, and understanding that it had been over three months imprisoned, I feared that it might have become imbedded in the bladder to an extent that forcibly dislodging it might injure that organ.

And here I saw my second mistake, in not attempting to move it while the bladder was distended with urine. The urethra was too well dilated to make it practicable to pump the bladder full of warm water, so the proceeding was abandoned, and the patient instructed to come again in two or three evenings with a full bladder. This time, the bladder being distended, no serious trouble was experienced in moving the penhandle to a position nearly corresponding to the longitudinal axis of the bladder. The urethra was again dilated, and with the point of my socond bent to nearly a right angle and a finger in the vagina, I very soon had the satisfaction of seeing the penhandle appear at the urethra and slide out. It was the complete apparatus, with the piece bearing the pen properly closed, and thus making both ends smooth, and measured in length four and one quarter inches. A slight culculous incrustation had begun near one end of the handle, the white plating was completely gone, leaving the brass fully exposed, the pen in its place badly rusted, but otherwise it was as good as ever after its more than three months' bath.

Not the least unpleasant effect has followed to the patient. I may add that the patient informed her mother that she inadvertently *swallowed* the pen, a statement which I did not consider worth while to refute, but cautioned her not to try any more experiments with that portion of her anatomy.

The first point to be considered is, that we must be our own judges of the amount of credit to attach to the statements of patients in difficulties especially affecting the female genitalia.

Secondly, a very searching investigation may be necessary to discover even so large a substance as this in the bladder, as when the patient returned the last time and I *knew* something was in the bladder, it took me two or three minutes to again find it, so high up and far in front was its position. Third, witn a full bladder, and before dilation of the urethra, make sure of the movability of the foreign body.

A CANDLESTICK IN THE UTERUS.

The following curious case is found related in *Le Courrier Medical* of August 25, 1883. A woman, aged forty-nine, subject

since puberty to periodical attacks of mania, but with lucid intervals, was admitted to hospital on account of an abundant and fetid leucorrhœa. Examination of the uterus showed a cervix covered with granulations and irritated by a discharge coming from the womb. A sound which was introduced struck against a metallic body. This was removed and found to be the brass socket of a candlestick, measuring three-fifths of an inch in length, and four-fifths of an inch in diameter with a rim one and one-half inch in diameter. This socket was evidently detached from a candlestick introduced at some time into the vagina. The last pregnancy dated back twelve years, so the foreign body could hardly have been introduced at that time before the involution of the uterus. And yet it is difficult to conceive of a contracted uterus, in a woman past the menopause, seizing and drawing up into its cavity so large a body as that described.

THE TREATMENT OF CHOREA.

The *Med. Press and Circular*, August 29, 1883, tells us that in the course of a clinical lecture on chorea, Professor H. Nothnagel remarked that when the disease followed articular rheumatism, salicylate of soda was given; but this treatment had to be pursued empirically and carefully, as nothing was yet known of the nature of the disease. Opiates had no effect, neither had Calabar bean. Nowadays potassic bromide was almost always given, but without any good result. As calmatives, and for the purpose of procuring sleep, morphia and chloral might be given. He had convinced himself by numerous experiments that propilamine was useless. Arsenic, in the form of Fowler's solution, was still the most effective remedy. It could be given by itself or in water. He suggested the following:

℞.—Liq. Fowleri,	grm. v.
Aq. destill.,	grm. xv.

M.

Five drops to be given in a tumbler of water immediately after meals, and the dose to be increased by three drops every day until it reached thirty drops, after which it was to be slowly diminished. The constant current was another effective remedy in chorea, combined with tepid bathing or the application of ice-bags to the spine.

THE TREATMENT OF WHOOPING-COUGH.

The *Boston Med. and Surg. Journal*, September 6, 1883, says that Dr. Archambault, (*Gaz. des Hospit.*, No. 28, 1882, and *Progres Med.*, Nos. 48-52, 1882) recommends that children

suffering from this disease should be kept in-doors, and that special attention should be paid to keeping the temperature of the room they occupy uniform. He states that by means of such precautions "it is almost certain that such lung complications as capillary bronchitis and broncho-pneumonia may be prevented." In support of his advice he points to the fact that summer attacks of the disease are always milder than those occurring in winter. The drug he recommends is sulphate of atropine, 1-1000, one drop thrice daily for children a year old, two drops for two-year-old children, and so on.

ABORTION AT TWO MONTHS AND QUADRUPLETS AT FULL TERM.

Drs. Edwards and McTaggart, of London, Ont., report the following singular case to the *Canada Lancet:*

On the 21st of July of the present year we were called to see Mrs. S., of this city. Patient of small stature; English by birth; æt. 38; average weight, 100 pounds; height, 5 feet, 1 inch. She is the mother of four living children, two boys and two girls—aged 12, 10, 8 and 7 years. There was nothing unusual in any of her previous confinements—never had an abortion before. On abdominal examination, we found the abdomen extremely enlarged and pendulous. We advised support from the shoulder. She told us that she was but five months *enciente*; but from her history and condition we assured her that she was seven months pregnant. Patient always enjoyed good health; menses always regular. She last menstruated on December 4th, 1882. About seven weeks from this time she commenced to flow, which lasted for some three weeks; this was accompanied with pain. With a pain somewhat resembling a labor pain, something was expelled, which she described "as a lump of flesh with bloodvessels in it." To this "lump" was attached a short string." At this time she became alarmed and consulted a medical man, who assured her that she had had a miscarriage. He prescribed some medicine, which he said would check the flow and remove anything that might remain. From her account, the flow increased for a few days, but finally stopped.

From this time until Friday, September 14th, 1883, she has been, comparatively speaking, quite well, although distressd by the immense size and weight of the abdomen. On the above mentioned date she was delivered of four living children—two boys and two girls, the time elapsing between the birth of the first and birth of the last child being one hour and forty-five minutes. The weight of the male children exceeded that of the

females by a few ounces, the weight of the males being 4 lbs. $9\frac{1}{4}$ oz. and 4 lbs. 3 oz., and that of the females 4 lbs. 6 oz. and 3 lbs. $13\frac{3}{4}$ oz. Labor terminated favorably, there being no hemorrhage to speak of. There was but one placenta, and each cord was inserted at different places on its surface.

The quartette are now six days old, all healthy and able to nurse, and all bid fair to live. The mother is doing exceedingly well, having suffered no more exhaustion than if she had had but one child. We might here say that the father, Mr. C. S., is English by birth, æt. 41, height 5 feet, 5 inches, and average weight 169 lbs., is a strong healthy and robust man.

BORACIC ACID IN CERVICAL ENDOMETRITIS.

Mrs. H., two years ago, after the birth of her fourth child, developed an acute endometritis. As soon as the nature of the trouble was determined, I commenced treating her at once with a solution of acid carbolic and liq. ferri subsulph., Monsell's solution. The os was patulous, readily admitting of medication. This treatment gradually improved her condition, and at the expiration of two months I discharged her as cured. She remained in perfect health up to within about three months of present writing. About this time she called at my offiee, presenting many of the symptoms of her old trouble.

Examination with the aid of a speculum revealed all the old symptoms greatly exaggerated. I at once resorted to my former method of treatment, but each time with negative results. I went through the whole list of remedies used in such cases without any apparent change; indeed, it seemed each application only intensified matters. It finally occurred to me that perhaps milder means would prove more potent, and therefore boracic acid was selected as being the best thing to fill all the indications, The first application was made by moistening a hair pencil and covering it with the powder. This was then carried as high up as possible, applying the same to the convexity of the neck, there being a good deal of excoriation at this point.

At my next visit, four days subsequently, I found such a decided change for the better that I determined to continue in the treatment. This time, however, I pursued a different course. Instead of using a small amount of the powder, I packed the cervix as firmly as admissible with the acid. Withdrawing the speculum, I directed the patient to elevate the hips and remain in that position two or three hours, believing by this means some of the acid as it dissolved would naturally find and medicate the parts above the cervix.

One week from this date I made the third examination, and to my surprise found no trace of inflammation. The patient informed me she could hardly realize the change of so short a period.

I have often observed in acute inflammatory condition of the mucous surfaces, notably pharyngitis, that astringents and caustics oftentimes aggravate the trouble, but, on the contrary, a mild application or gargle, either of hot water or hot water and milk, equal parts, gives almost instantaneous relief. This same rule can, I think, with equal success be applied to uterine therapeutics. —W. H. DeWitt, M. D., *in Lancet and Clinic.*

THERAPEUTICS OF THE NAILS.

Incurvatio Unguium.—When the nail threatens to grow into the skin, or has already injured it, the first indication is to put on a sock of moderate size and to remain quiet Afterwards the nail is to be scraped on the affected side till it is sufficiently thin; then it is to be siezed with a delicate forceps, raising it in a sense inversely to its natural curvature. This having been done, a small lamina of lead of a few millimeters thickness is to be inserted beneath the nail, and after folding it over the toe it is to be fastened there with a strip of plaster. In this manner the granulations being no longer in contact with the margin of the nail, the pain ceases and the sore heals more or less rapidly. During the whole of which time the apparatus should be frequently inspected, so that the lamina of lead may not become displaced. Besides this, it is necessary to scrape the nail every two or three days so as to keep it thin and flexible, until the skin returns to its natural state and can resist the pressure of the nail, and then the lead is removed.

Hebra treats ingrowing nail in the followins manner: Cut some flakes of lint of the length of the lateral groove of the nail or a little longer. The lint is to be placed on the nail parallel to its groove; then with a flat probe introduce the lint, thread by thread between the flesh and nail. Thus the parts are separated with the little cushion of lint lying betwen. The sulcus is then to be filled with pledgets of lint, and finally, long narrow strips of adhesive plaster are to be applied, always from above the inflamed sulcut downward, in such a manner that the latter is still further removed from the margin of the nail. With such a dressing applied with sufficient care, there is no pain whatever; and the patient can in a short time put on his ordinary stocking and walk without trouble. After twenty-four hours the strips of adhesive plaster are to be removed, being previously softened in a bath of

tepid water. This dressing is to be repeated daily, and in from two to four weeks it will be found that the toe is entireiy well.

In those cases in which it is found that the nail is not abnormally implanted, and that it is the soft tissue only that grows in a vicious manner, I believe that it will be well to remove the ulcerated tissues. This little operation, which may be performed without anæsthesia, deserves to be described. A double-edged bistoury held as a pen, is to be passed through the diseased tissues, taking care to graze the lateral margin of the nail where the disease exists. The tissues are then to be removed in such a manner as to expose the side of the nail which lies buried in the pulp. The wound should be washəd with a solution of carbolic acid, and some lint placed on it like a cushion, which is firmly secured by a bandage, with some compression.—*Jour. of Cutaneous and Venereal Diseases.*

FOREIGN HONORS WELL EARNED.

Not content with introducing the products of their laboratory into every town and hamlet in every state of this Union, that aggressive firm, Parke, Davis & Co., have now invaded Europe, and soon the initials "P., D. & Co." will be as conspicuously on the prescriptions of physicians abroad as they are at home. For over a year such an increasing frequency of references to the new drugs of this firm's introduction has appeared in the foreign journals, as is calculated to show that they have taken a firm hold, even among our very conservative transatlantic brethren.

The latest evidence of the popularity of Parke, Davis & Co. abroad, comes to us in the very flattering notices which the foreign journals have given their display at the International Pharmaceutical Exhibition at Vienna. While the pharmaceutical excellence of the products of their laboratory has been conceded by physicians, neither the physicians nor the pharmacists of Europe were quite prepared for the artistic elegance and beauty of finish of which the firm showed itself capable at the International Exhibition. The lay interest at this Exhibition was largely centered in their display, and as evincing the nature of that interest, mention is made of the fact that the Emperor and the Archdukes Karl Ludwig, Ludwig Victor and Wilhelm took special pains to compliment the house, through its representative, on its commercial enterprise and artistic taste. The jury of award of the Exhibition conferred on the display a gold medal and diploma. We congratulate Messrs. Parke, Davis & Co., all the more heartily on the foreign distinction which they have thus achieved, because of the evidences which they have given the profession of this country that it was not unmerited.

A NEEDLE FORTY-SIX YEARS IN THE BODY.

In the *Louisville Med. News*, Dr. C. J. Walton tells of a woman who swallowed a large needle, with a broken point, away back in 1830. In 1850 she was siezed with lancinating pain in the left hip-joint, which after a while passed away; in 1874, similar pain occurred in the left shoulder and arm. In 1876 she was again similarly attacked, this time with a severe stinging pain with redness and swelling in the posterior aspect of left arm, three inches above the elbow-joint. All remedies failed to effect relief, when, in applying a liniment, something wouuded her hand and in looking for the offending object a blunt needle-point was discovered, but so firmly held in its location that an incision was required, and considerable force was necessary to extract it with forceps. The needle was blackened, and had lost it smoothness. Careful examination showed the needle to be one of an ancient pattern which has long since ceased to be manufactured. Since removing the needle the lady enjoys perfect immunity from pain, and is now a woman of eighty, with the physical and mental vigor of one forty years of age.

A PLEASANT QUININE MIXTURE.

I have been a constant reader of your valuable journal for the past five years, and have gained many practical points from the perusal of its pages, therefore I would crave a small space in its colums for the purpose of giving to its many readers a formula for the making of a most pleasant mixture of quinia or cinchonidia. Especially is this serviceable in prescribing for small children, who dislike to take nasty medicine. Those who have never tried the combination will be pleased with the readiness with which the little fellows will take the mixture. I have used it in my practice for the past five years, with great satisfaction to myself and to my lttle patients. The following is my prescription, for a child three to five years old:

℞.—Quinia sul.,		gr. xij.
Acid, tannic,		gr. vj.
Soda bicarbonate,		gr. x.
Mix.		
Syr. simplis, q- s.	ad.	ʒ ij.
Oil gaultheria,		gtts. iij.

M. Sig.—Teaspoonful every four hours, followed by a draught of water. Shake well before giving.

To this may be added when desired bismuth sub. carb., ipecac, opium, podophyllin, leptendrin, etc., anything that does not contain alcohol, which would immediately restore the bitter taste.

The formula for any strength mixture is, one-half the number of grains of quinia or cinchonida in tannic acid, and three-fourths as many of soda bicarb.

As the season is now at hand when quinia is much prescribed, in the West especially, this may be of service to some brother in the work.—Dr. Taylor, *in Med. and Surg. Reporter.*

REMARKABLE EFFECTS OF MASSAGE ON GASTRIC ASSIMILATION AND NERVOUS DEBILITY.

After reciting some illustrative cases in the *Lancet*, June 2, 1883, Dr. J. Beresford Ryley says:

"I feel that it would be wearisome to reiterate the history of all the cases that I have treated in this way; and so will content myself by expressing an opinion founded on them, that in all cases of functional nerve prostration, and its various morbid consequences, massage will seldom fail to effect a rapid cure, and that its influence upon the assimilative and digestive functions of the stomach is especially remarkable; its effectiveness in other forms of disease has yet to be proved, but I am inclined to think that its application will have a much wider range than has at present been assigned to it, and that it will be supplementary to other treatment in most cases where long-continued rest is necessary. I am employing it at the present moment in this way with great advantage, in a case of fibroid degeneration of the uterus, with severe and long-standing menorrhagia. The marked anæmia is rapidly improving under its influence, the flesh becoming firmer, and the appetite and digestion greatly increased. It appears to do good also in another way—namely, by employing the patient's mind, and thus relieving the monotony of the recumbent position when long maintained."

PLASTER OF PARIS BANDAGES FOR FRACTURES.

Every one knows, says Christopher Heath (*Brit. Med. Jour.* September 22, 1883), that in fracture of the patella, the joint soon fills up with blood and synovia, which take many days for their absorption; but every one apparently, does not know that if the case be seen before effusion has occurred, it may be entirely prevented by wrapping the knee-joint up in cotton wadding, and applying a plaster of Paris bandage firmly over all. I have treated many cases in this way with only a couple of days' confinement, and believe that I have in some got osseous union between the fragments, so firmly are they knit together.

But, if effusion have already taken place, it is easy to get rid of it, if coagulation of the blood have not already occurred, by the use of the aspirator; and, the wadding and plaster being at once applied, no further effusion takes place, and the patient begins to walk about with a stiff knee as soon as the plaster is dry.

He advocates the early use of the plaster of Paris splint in all fractures, save those of the forearm, where there would be danger of drawing the two bones together.

A CASE OF EARLY RECURRENCE OF MEASLES.

Instances of early recurrence of zymotic diseases in the same subject are so comparitively rare as to be worthy of passing note. Dr. Alexander Stewart reports a case in the *Glasgow Med. Jour.* for September, 1883. The patient, a child seven months old, had measles in May of this year; a perfect recovery ensued, when on June 5, thirty-three days after the commencement of the first attack, a typical case of measles again manifested itself. The recovery from the second attack was slow, but ultimately complete.

CROTON-CHLORAL IN THE TREATMENT OF PERTUSSIS.

In a paper read before the Kentucky State Medical Society (*American Practitioner*, August, 1883), Dr. W. C. Webb speaks very highly of croton-chloral in whooping-cough. He has treated a large number of cases with this remedy, and claims to have obtained a cure in nearly every instance within two weeks. The drug must be given in large and continued doses to obtain the best results. To a child one year old he gives one grain of croton-chloral every four hours. Children from ten to twelve years of age will bear two grains at a dose. After the first week the cough is generally so much improved that the remedy may be given less frequently. It is, of course, necessary to watch carefully the effects of the drug, so as to avoid the production of toxic symptoms.

A FOREIGN BODY IN THE WOMB OF A CONSUMPTIVE WOMAN.

After reporting this case in the *Cincinnati Medical News*, June, 1883, Dr. Wade M. Logan, says:

The latter history of this case, dating from the cancellation of its gynæcological feature, involving, as it does, the gradual but

constant improvement in all of the bodily functions until the complete arrest of the consumptive complication, and recovery, whereas prior to that no treatment was at all availing, illustrates quite felicitously a matter that Dr. James Henry Bennet, of London, has frequently pointed out, viz.: that many consumptive women, having a neglected female complaint, are frequently unsuccessfully treated for the pulmonary malady, until after due attention to the uterine disorder. He says: "Through the usual morbid reaction of the uterus on the stomach, they have no appetite, are tormented with nausea, and can neither eat nor digest. They all invariably perish, if I am not able in time to remove the uterine malady, and thus to restore the tone of the stomach, the natural desire for food, and the power of eating and digesting."

HINTS ON CHRONIC CONSTIPATION.

The prevalence, as well as evils, of chronic constipation have been commented on from the earliest days of medicine, and the remedies which have been suggested for the relief of this condition are very numerous. The more thorough conception of the condition which manifests itself in this symptom, has made the modern treatment of it more successful than that of previous years; but in spite of this improved conception, the empiricism which characterizes the treatment of constipation is still of such a nature as to reflect but little credit upon scientific medicine. Physicians are all too apt to defer in its treatment to the popular belief in the omnipotence of drugs. In the treatment of constipation, more emphatically perhaps than in the treatment of any other condition, drugs are more successful as they are the handmaids of nature, and all attempts made to relieve this condition with drugs alone, and regardless of the rules of correct living, must be doomed to diappointment from the beginning.

In an article in a recent number of the *Canada Lancet* Dr. Haultain discusses some of the non-medical adjuvants to the remedies administered for the relief of constipation. An attention to the rules which he formulates would, in our opinion, cause the medicines exhibited to be attended with much more satisfactory results than is now the case.

1st. Regular attempts at defecation should be made daily, with a view to educating the bowels to the act. The patient should make the attempt not only after breakfast, as usual, but also after the midday and evening meals.

2nd. The ingestion of a glass of cold water before each meal, and the supplementing of the last meal of the day with a small quantity of spirits, diluted with hot water. This method of taking

spirits is very common among the lower and middle classes of England, and Dr. H. maintains that it has a very decided influence on the peristaltic action of the intestines, and is preferable to any stomachic.

3d. The abdomen should be kneaded with the fingers, especially along the descending colon, sigmoid flexure and rectum while at stool, and in the intervals of expulsion of feculent matter. The theory upon which the success of this method depends is that the colon, rectum, etc., do not become distended to the extent which they otherwise would be, and are, were there only the usual evacuation in the 24 hours.

While the above instructions are valuable in the main, we can scarcely endorse Dr. Haultain's opinion that they are of themselves sufficient to break up the constipated habit. This habit depends on causes which the best directed efforts at "education" of the muscular structure of the intestine cannot overcome. While the expulsive efforts of the voluntary muscles of the abdomen are very essential to defecation, the tonicity of the non-striped or involuntary muscular fibre, of the intestines must be restored, in order that it may contract under the physiological stimulus. This tonicity can only be satisfactorily restored by medicines.—*Therapeutic Gazette.*

"*FOR THE ARREST OF NASAL HEMORRHAGE,*"

Writes Dr. Lewis, in the *Polyclinic*, "I know of no device so good as one that may be readily extemporized with a strong piece of cord and some small pieces of sponge. The cord is tied securely to a piece of sponge, cut rounded, and just large enough to be forced backward through the nostril. Then a number of similar pieces of sponge, with a hole through the centre of each, are threaded successively on the cord. The sponge on the end of the cord is then pushed, with a probe or dressing forceps, through the nostril, quite back to the faucial orifice; and the rest of the threaded pieces of sponge are slid back, one at a time, until the nares is tightly filled. When the patient becomes secure against a repetition of hemorrhage the plugging is readily removed, one piece of sponge being withdrawn at a time, with the dressing forceps. The posterior nares may also be easily plugged by introducing either a slender gum bougie or a piece of thick catgut string, with a cord attached, through the nares, catching one end of it in the fauces with forceps, and drawing it forward through the mouth. To the cord which follows a piece of sponge or pledget of lint is tied, to be drawn up into the posterior nares. A method of making unirritating and painless pressure within the

nares, in cases of obstinate epistaxis, is by a piece of the intestine of a chicken or other small animal, about twelve inches long, partially filled with either air or water. One end of the intestine is, while empty and collapsed, pushed backward through the nares; when thus lodged the air or water in the other end is forced, by compression with the hand from the pendulous portion, into the part lodged in the nares. Strong equable compression can thus be made, rendering hemorrhage impossible."

MARRIAGE AND MORTALITY.

Dr. William Pratt writes concerning this subject: "Take the male sex, and it is seen that from twenty-five to thirty years of age, 1,000 married men furnish 6 deaths; 1,000 bachelors furnish 10 deaths; 1,000 widowers furnish 22 deaths. The figures, however, become very unfavorable if the marriage be contracted before twenty. Out of 8,000 young men married before twenty, their mortality has been found to be, before marriage, only 7 per 1,000; after marriage, 50 per 1,000. With respect to the female sex we find a similar advantage of marriage over celibacy, but on the same condition. If young girls be turned into wives before twenty a like mortality befalls them which befalls the other sex. Everywhere young married people from eighteen to twenty years of age die as fast as old people from sixty to seventy years of age. The common sense and common law of Western Europe have with perfect justice marked twenty-one as the age of maturity. After that epoch, however, marriage should be contracted as soon as practicable. It is the healthiest and happiest life; the best for the individual and for the community."

A NEW REMEDY FOR THE NAUSEA IN PREGNANCY.

Your recent article on "Pop-corn for the vomiting of Pregnancy" reminds me that a domestic remedy in repute in this locality may be of value to some of your readers. It is prepared by charring kernels of the common Indian corn and making a "tea" of them. A sip of this "tea" either cold or warm, is taken when feeling the nausea, and in every case in which I have seen it used it seems to answer the purpose.

I record this not because I consider this remedy a "specific," but because in such a peculiar and obstinate trouble as this, the physician's quiver should be supplied with every arrow that is at all likely to do execution, and I have never seen it mentioned in any print.—Illinois, *in Medical and Surgical Reporter.*

EDITORIAL.

"In things essential, unity; in things doubtful, liberty; in all things, charity."

DO THEY WELCOME TRUTH?

THE annual inundation of college announcements, in red, yellow, or blue covers, or without any covers at all, has come and gone, and, with the exception of a few colleges, the business of the session is now under way. Already our exchanges are coming burdened with articles, each of which is accompanied by a foot note, which explains that it is

"An annual address delivered at the opening of —— Medical College."

Some of these contain much that is good, with more or less froth, while with the greater number contain only braggart assertions in a sea of drivel. From one of these effusions we quote, "We are lovers of the truth, no matter what havoc it may play with our preconceived theories. We have long ago thrown wide open every door and window of our grand old superstructure, for the ingress of truth from whatever source it may come; whether from the jungles of Africa, the icebergs of Greenland, from Asia, China, or the Isles of the Sea; from all points of the compass, from white or black, Jew or Gentile, bond or free, from every kindred tribe, or tongue, we welcome truth. Does the 'old woman' use it in her domestic practice? It is ours, we assimilate it. Does the hydropath evolve it? We absorb it. Does the eclectic discover it? We appropriate it"—(and try to steal the credit of priority). "We are eclectics in the highest, truest, best sense of the term. Innovations are invited, invited to be tested; if they stand the test of reason, common sense and experience, they are adopted."

This is the kind of pabulum that was doled out to the students of the Fort Wayne Medical College a year ago. Is it any wonder that the whole institution, all its furniture, apparatus, and everything belonging to the concern, was sold a month or so ago for fifty dollars? Could anything be more ingenuous than the above declaration? It only lacks one thing—truth. Do they welcome truth from whatever source it may come? We do not hesitate to assert that the very reverse of this is true. Unless the

"truth" has come from what they deemed an approved source, they have rejected it—no good thing could come out of Nazareth. No single remedy ever known to man has produced a greater amount of mischief by its indiscriminate use than mercury, nor is there another drug which has done a hundredth part as much to create prejudice against scientific medicine, or to destroy the confidence of the public in its practitioners and repel them from the physician to the nostrum vender, as this same mercury. Quite recently a considerable ripple has been excited in "regular" medical circles by a letter written the *British Medical Journal*, by Marion Sims, of New York, concerning the value of a compound of sarsaparilla, stillingia, phytolacca, and xanthoxylum in the treatment of syphilis, and he details the marvelous effects produced by these agents. Now these very remedies have been used in *precisely the same form*, and in *the very same way*, by eclectics for many years, and the good results attained by their use have been announced and demonstrated over and over again, but the recommendation of a Sims was needed to gain them recognition or even a trial. He admits that, to his knowledge, they have been used with success for upwards of forty years, and that repeated attempts have been made to secure for them the attention which they merited, but in vain. Do they welcome truth? Notwithstanding the direful effects produced by mercury, as admitted on all hands, the desire to find a substitute for it either as an anti-syphilitic or otherwise, has been a mere idle fancy rather than a positive desire or purpose with the mass of the profession, and we regret to say that in this year of 1883, the opinion still widely prevails that no substitute for it can be found, and there are medical schools and authors who yet teach that it is the only chologogue worthy the name, simply because they have refused to acquaint themselves with the most specific chologogue known, extract of leptandrin, which is as reliable, in its place, as quinine is for intermittents.

THE DURATION OF PREGNANCY.

Dr. Veit contributes a paper on this topic to the *Zeitschrift fur Gynæcologie* (Gynæcological Times), in which he says that

two hundred and eighty days have been commonly accepted as the average duration of pregnancy, by which term is intended the interval between the last menstruation and the delivery of the fœtus. It is desirable to be able to fix upon the precise day when pregnancy is established, and in order to do this it is necessary to know whether the fertilized egg is a product of the last menstrual period or of the first period which is omitted. Many statistical tables are cited giving the average duration of pregnancy observed in different countries and by different men. As the tables vary by as many as thirty below and above the commonly accepted 280 days, they are not of much value. The author thinks the explanation of the variable period of time which intervenes between the first day of the last menstruation and the birth of the fœtus is to be found in the causes by which labor is established.

Three questions naturally arise in studying the subject of the duration of pregnancy. What is the relation of ovulation to menstruation as to time? How long will the spermatozoa retain vital activity? Does ovulation occur only with menstruation? The last two questions are considered to have been answered in the statement that there can hardly be a doubt but that the spermatozoa may remain active from the end of one menstruation until the beginning of the next, and that the labors of Bishoff seem to have proved that ovulation usually follows menstruation. Before the establishment of the last observed menstruation, seminal fluid may be present in the genital canal, which will be the fertilizing element for the ovum which appears with menstruation. A second possible means of impregnation lies in the fact that the ovum may have been deposited upon the uterine mucous membrane at the time of menstruation and have been fertilized after a subsequent coitus. A third possibility is that the ovum may appear at the beginning of menstruation, be fertilized at that time, whereupon menstruatian may cease, and the formation of decidua begin. It seems impossible to say, with our present knowledge, whether impregnation occurs at the time of the last menstruation, or at the time of the first omitted one, probably it may occur at either. The following case proves, as well as a single case can prove anything, that impregnation may follow

coitus occurring several days prior to menstruation. A gentleman who had been absent from home for more than two months, was recalled by the house from which he travelled, to prepare to go abroad. He spent only one night at home before sailing, which was seven days prior to the expected return of the menses in his wife. The husband was absent over four months, and a few months after his return, about 280 days from the first omitted menstrual period, the wife was delivered of a boy. Here evidently was a case of impregnation following a single coitus seven days prior to the menstrual period. The persons alluded to are of the highest moral character and personal worth, and we have no hesitancy in vouching for the accuracy of the above statement.

ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The annual meeting of this society convened in the Court House, at Syracuse, on the 10th ult., and continued in session two days. The attendance was good and the session an animated one, much good work being done. As a whole the papers presented were above the average, while the annual address by the president, Reuben H. Owen, M. D., of Haverstraw, was of more than usual interest. We have the promise of some of the essays read, for publication.

WHAT OF THE SIX HUNDRED AND FIFTY?

At the recent meeting of the American Medical Association, a heated discussion arose concerning mixed boards of health, and the opinion was strongly urged that no member could consistantly belong to a board to which an eclectic and a homœopath also belonged, and no one claiming allegiance to the Association could engage in licensing eclectics and homœopaths, without forfeiting its privileges, and, furthermore, that the tendency of such boards was injurious professionally. It was finally ruled that the code of ethics could not be violated by any action of a member which was necessary to the discharge of an official duty under the law.

The Board of Health of Illinois, which is a mixed board, has

done more to elevate the standard of medical education and efficiency during the six years of its life, than the American Medical Association has accomplished in the last quarter of a century. As illustrating the good work done by the former body, the interesting statement is made that when it first came into existence there were 3800 non-graduates practicing in the state, and now there are but 650. This is indeed a good showing, but the question comes to us, why have the 650 escaped? Is there some defect in the law which enables them to evade it?

CENTRAL ECLECTIC MEDICAL ASSOCIATION OF PENNSYLVANIA.

The Fifteenth Semi-Annual Meeting of the Central Eclectic Medical Association, of Pennsylvania, will convene in the Parlors of the Hulbert House, No. 110 Clinton Street, Johnstown, on Wednesday, November 21, 1883, at 11 o'clock, A. M. The meetings of this Association are well attended, and are full of interest to every practitioner of progressive medicine; the papers presented are scientific productions of a high order, and will compare favorably with those presented before any medical society in the land; and above all, there exists a general good feeling and a co-operative spirit among the members in all that pertains to the progress, advancement and interest of the profession. A desire is expressed that the fifteenth shall be the most interesting of all sessions, and on those who have been derelict in attendance, not only the propriety but the absolute necessity of being present is urged. The call issued by the Executive Committee, Henry F. Beam, M. D., Secretary, is very tastily gotten up.

CONSISTENCY THOU ART A JEWEL.

Dr. Tanner, of fasting fame, has recently fallen into the hands of the Philistines in Jamestown, N. Y., the Chautauqua Medical Society (allopathic) having lodged a complaint against him on the ground that he was not properly registered in the County Clerk's office. The New York law requires that graduates of medical schools in other states must have their diplomas endorsed by a New York college. Dr. Tanner obtained a degree

in Cincinnati in 1859, and it was endorsed by the U. S. Medical College. The latter was incorporated—by the advice of eminent jurists—under the law of 1848, as was also the Medical Department of Syracuse University and the American Veterinary College—both old school. After long continued and determined effort a judge, of the Barnard stripe, was found who held that the words "literary or scientific institution" would not include a medical college, and the U. S. Medical College was declared to have no legal existence, hence the point against Dr. Tanner. He will make this a test case. Meanwhile the Medical Department of Syracuse University has gone on graduating students for twelve years without question, and is advertised in the leading old school journals, to whom the facts concerning its organization are fully known. Consistency thou art a jewel. We are informed that the full amount of endowment required to legalize the U. S. College, or re-incorporate it under the Act of 1853, has been paid over, thus placing the question of its legality beyond further controversy, and the college is now in session.

PERSONALS, BRIEFS, ITEMS, ETC.

An excellent authority recommends a little common sugar for a dry hacking cough. If troubled at night or on first waking, have a little in a cup within reach and take a half teaspoonful. It seems simple but often succeeds when cough syrups fail.——— *P. E. Howes, M. D.*, Secretary of the Boston District Eclectic Medical Society has removed to 491 East Broadway, South Boston, where he may be addressed.———*Prof. Munter of St. Petersburg* rcommends excursions on salt water, 3 or 4 hours daily, as of the greatest value for the relief of asthma; a simple and pleasant remedy certainly, and one easily tested.———*An unfortunate mistake was made*, it seems to us, in selecting the title Rex Magnus, as applied to the article mentioned in our advertising pages. There is nothing quackish or sensational about the article itself, which is intended to preserve different articles of food etc., without the slightest detriment to their quality. Our own experience with it confirms the testimony of others, as to its abundant power to do this. It has the endorsement of no less a chemist than Dr. C. A. Linsley, Dean of the

Medical Department of Yale College and Health Officer of New Haven, Conn., as well as others of eminence in the profession. Any subscriber can get a pound package free by addressing the Humiston Food Preserving Co. of this city, mentioning the JOURNAL, and agreeing to test it. Observe what they say about naming the right express office.———*A Swedish physician* relieved a case of obstinate hiccough of 3 months standing, in a girl aged 19, by hypodermic injections of pilcarpine grs. 1-2 in M. xv. of water.———*Dr. Cadell says*, that warts on the genitals treated with chromic acid, grs. 100 to ʒ i. of water, disappear with marvelous rapidity and but little pain.———*Many suppose that Graham* flour is a complete wheat flour food of high nutritive value. It is stated, however, on good authority that much of the Graham flour sold is made by dealers who mix low grade of white flour at 2 or 2 1-4 cents per pound, with bran costing less than 1 cent, a pound. There is no telling what a sewer this mixture makes of the human stomach. Altogether Graham flour has not fulfilled expectations. An infinitily better thing both in nutritive properties, and for economy—a barrel makes half as many again loaves as a barrel of white or Graham flour —is Warren's Entire Wheat Patent Flour. The bread is light, peculiarly sweet, and wholesome, and better adapted to the wants of the system than any other with which we are acquainted. Dr. R. N. Tooker, Professor of Diseases of Children in Chicago Medical College says: "I have used it with great success with babies who did badly on all other foods."———*Revaccination* has been made obligatory in all the colleges and lyceums of France. ———*Oil of Wintergreen* (salicylate of methyl) diluted with an equal quantity of olive oil or soap liniment, and applied to affected joints in acute rheumatism, affords prompt relief and from its pleasant odor is very agreeable to use.———*Injection of a nevus* with perchloride of iron produced immediately fatal results in the clinic of Prof. Moses Gunn (Rush Medical College, Chicago), recently.———*The opening exercises* of the 23rd session of the Eclectic Medical College, of New York City, occurred on the evening of the 1st ult. The president, R. S. Newton, M. D., announced the college and its prospects as never before in so prosperous and gratifying a condition.———*Dr. J.*

Tibbets recently died in Warsaw, N. Y., at the advanced age of 90. He claimed to be the oldest continuous practitioner in the United States, having been in practice 72 years. From the venerable age he attained, we conclude that he never tried to edit a medical journal.———*We recently had* a case in which rectal alimentation seemed the only means whereby life could be sustained until the stomach could, in part at least, resume its function. For this purpose we use by preference a syringe made from glass, and we need hardly suggest that it is a matter of importance that it be perfect in all respects, having no unfinished points. In the instance ulluded to we used with satisfaction one of McElroy's Patent Glass Syringes, which are made at Cambridge, and are acklowledged by all to be the best in use. They received the highest premium at the Centennial, and we heartily recommend them.———*Lumbago* is said to be quickly relieved by binding a piece of oil-skin cloth, such as is used to cover tables, over the loins outside of the flannel shirt. Profuse perspiration and rapid relief of pain are the usual results.———*At the New York Infirmary for Women* a common bed-bug was found perched upon the external os of the cervix uteri in an abundant vaginal catarrh. The insect was unmistakably identified.———*Dr. James, Professor of Midwifery* in the University of Pennsylvania, in 1815, had such a sense of delicacy that he could never bring himself to lecture on the female organs of generation, and intrusted that part of his course to an assistant. He was probably related to the Quaker maiden who would not walk in the garden because the potatoes had eyes.———*Does the Materia Medica* afford an unobjectionable laxative remedy? We think it does, and in that elegant preparation "Cascara Cordial," made by Parke, Davis & Co., the most fastidious physician or patient can find just such an article. Its taste is agreeable, it produces a gentle and salutary action of the bowels, is free from the property of griping, and devoid of any injurious secondary action whatever. Where muscular atony is the factor in the production of constipation, relief is speedily effected with cascara cordial, and its continued use will produce permanent results.

MISCELLANY.

A Case of Congenital and Hereditary Goitre.—Dr. G. S. Chalmers, of Alton, Ill., sends us the following unique history. He writes: "A few days ago I was called to a lady in labor and in due course she was delivered of a large boy. There was nothing remarkable in the progress of delivery, except that when labor had progressed well into the last stage, things almost stood still with the head firmly wedged in the lower strait. Imagiue my surprise to see a well-developed goitre on the child's neck. The swelling came clean up under the lobes of the ears and with quite an enlargement over the windpipe. The enlargement felt moderately firm, as if from simple enlargement. The child seemed cyanotic at first, and had to be encouraged by cold water dashes and manipulation before it commenced breathing. And then it was fully an hour before the color got natural. As the cord beat quite actively I did not cut it for fifteen minutes. After this we soon found that if the head was kept fully extended breathing progressed naturally, but if the head became flexed, breathing became irregular, and the face cyanotic. It is now doing well, six days after delivery, and is a vigorous feeder. The mother is exophthalmotic with quite an enlarged neck, and noticeably prominent eyeballs. I have never seen a case recorded of congenital goitre. What can be done for a case like this?"—*Medical Record.*

Dislocation of the Humerus from Sneezing.—Dr. William Rickert reports in the *Maryland Medical Journal*, for September, 29, 1883, the case of a man, who while cleaning a house, felt an inclination to sneeze. He stopped work, and raising his left arm above his head, supported himself with the other hand against the side of the stable. While in this position he sneezed, and immediately felt that something was wrong with his shoulder. Examination showed an infraclavicular luxation of the head of the humerus, which was quickly reduced under anæsthesia.

Belladonna in Chronic Constipation.—Mr. Hans M. Wilder, the well known pharmaceutical writer, says, in the *Druggist's Circular:* "Having for many years tried almost every cathartic, singly and in combination, with only temporary benefit at best, I at last stumbled upon the following: Take *one* drop—no more—of tincture of *belladonna*, U. S. P., morning, noon and night, in half a tumbler of water, and within one week the bowels will commence to move regularly. Not being a physician, I do not pretend to know in what way *belladonna* does act, but the result seems to be thorough."—*N. Y. Med. Times.*

The Life of Man.—Man, born of woman is of a few days and no teeth. And indeed it would be money in his pocket sometimes if he had less of either. As for his days, he wasteth one-third of them; and as for his teeth, he has convulsions when he cuts them, and as the last one comes through, lo, the dentist is twisting the first one out, and the last end of that man's jaw is worse than the first, being full of porcelain and a roof-plate built to hold blackberry seeds.—*Burlington Hawkeye.*

A Remarkable Case of Extra-Uterine Gestation.—The *Lancet* tells us that on September 11, *L'Union Medicale* contained an interesting account of an extraordinary case, in which a fœtus at full term had sojourned fifty-six years in the neighborhood of the mother's womb without having undergone any change whatever, and without having caused any distress to the mother, beyond that resulting from its size and weight. The mother died at the age of eighty-four, and the perfect infant was discovered in a cyst whose wall was petrified, about the right Fallopian tube.

Death from an Overdose of Carbolic Acid.—A death was caused recently in the Hopital Tenon of Paris from the careless administration of carbolic acid by one of the nurses. The victim was a young girl, suffering from typhoid fever, for whom a potion containing phenic acid was ordered. The head nurse, whose duty it was to administer the medicines, although she had nothing to do at the time, told one of her assistants to measure out the dose. The latter did so, using the wrong measuring-glass, and gave the poor patient over an ounce of pure carbolic acid.

Chromic Acid in Affections of the Mouth.—Dr. Cauquil, writing to the *Bulletin General de Therapeutique*, No. 12, vol. civ., concerning the employment of chromic acid, as recommended by Dr. Butlin, in diseases of the tongue, states that he has also found it of value in stomatitis. He has used it with success in mercurial sore mouth, in the strength of one to five. In other cases of syphilitic pharyngitis with hypertrophy of the tonsils he has obtained good results with the same solution.

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ORIGINAL COMMUNICATIONS.

CIMICIFUGA. (*Concluded.*)

BY GEO. W. WINTERBURN, PH. D., M. D., NEW YORK.

III. We are now to consider its relation to muscle fibre; and we will find it curative in several of its diseases; these, however, manifest themselves in almost kaleidoscopic variety of form and symptoms. Cimicifuga is pre-eminently a muscle remedy.

In both rheumatic fever and chronic rheumatism it is a remedy of prime importance. In the first, there are several conditions, which, if present, point to cimicifuga as *the* remedy. These are suddenness in the onset of the disease, extreme severity of all the symptoms, and its location in the large muscles. When these conditions are present, cimicifuga acts with great certainty. Like arnica, it acts best when the disease is in the muscle-fibre; but arnica is indicated when the inflammation is traumatic, rather than rheumatic, in origin. Bryonia is more serviceable in inflammations of the synovial capsules; rhus toxicodendron, when the disease is in the tendons; colchicum, when it affects the small joints; asclepias, when it invades the large joints, with great swelling and heat; chelidonium, when the least touch on any part of the body gives intense pain; caulophyllum, when in the wrists and hands, especially of women; rhododendron, when in the cervical and thoracic muscles; spigelia, when occurring on the left side, in anæmic persons; and ruta graveolens, when occurring in the knee and ankle joints.

In chronic rheumatism it is somewhat different, although here, I think, you will always find that the inception of the disease originally was sudden and severe, in those cases that are rapidly cured by cimicifuga. It seems to possess a strong affinity for lactic acid, and greatly increases the excretion of solids in the urine when administered to a rheumatic patient. Dr. Ringer gives the following as a case in which it will prove signally beneficial:

The disease, after affecting various locations, finally seats itself in one part, as the wrist and hand; the tissues here become much thickened, the bones of the wrist enlarged, till after a time all movement is lost, and the member becomes useless. Warmth allays the pain, which almost ceases at night. The attack presents many of the characters of gonorrhœal rheumatism, but there is no history of gonorrhœa. I have several times observed the almost instant relief given by this drug in cases like that just described, after iodide of potassium and other remedies had been fairly tried in vain, the pain giving way at once, and the joints becoming again supple and useful.—*Therapeutics*, page 416.

But it is mainly when the pain, stiffness and lameness settle in the long muscles, as of the thigh* and arm, that cimicifuga is pre-eminent; though you will see good effects from it in chronic intercostal rheumatism, diaphragmatic rheumatism, pleurodynia, cervical rheumatism, and especially lumbago. The lumbago is worse when the patient is standing or sitting; relieved by lying down; aggravated by cold and stormy weather.

Non-rheumatic myositis, when the suddenness and severity of the inflammation are characteristic, will be greatly benefited by cimicifuga. This condition more frequently shows itself as psoitis.

M. F. S., aged forty-three, a prosperous merchant, was suddenly seized one afternoon with a severe pain in the lumbar region. The pain seemed to be deep in the body, and was so excruciating that he could not move. Continued hard pressure over the seat of pain relieved it somewhat. Temperature 101° F.; pulse 90; respiration 30, and very shallow. As the urine was normal I diagnosed the case as acute psoitis, and gave cimicifuga in drop doses every half-hour. The next morning the

*Dr. Hale reports a case of many years' standing where the sufferings were at times intolerable, permanently cured in a few weeks by ten drops of tincture cimicifuga three times a day.

pain was very much relieved; pulse 78; temperature 99° F.; and the following day he was quite well.

In atony of the muscles, identified by Dr. Inman as a pathological entity, and named by him myalgia, cimicifuga divides the field with arnica and gelsemium. This last remedy is indicated when the pains are general, with feverishness; arnica, when traumatic, or the result of fatigue; and cimicifuga, when the fault lies in the trophic nerves. Myalgia is a very common affection, and in its various forms includes headache from atony of the muscle of the head and neck, stiff neck, wry neck, crick in the back, spinal myalgia, diaphragmalgia, pleurodynia,† myalgic colic, spasm of the broad ligaments, and many others. Myalgic troubles often follow scarlet fever, and cimicifuga will generally put them to flight. (A great deal more readily than it does bed bugs. *Cimex* and *fuga!*)

IV. In diseases of the heart, cimicifuga will often do you good service. I use it quite as frequently as digitalis, and it is often dificult to select between them. If the condition is one of atony, or where the trophic nerves fail in their duty, cimicifuga is indicated. Cardiac debility is characterized by a weak pulse, which is irregular and intermitting, and is benefited by this drug. Angina pectoris is often myalgic, and when this is the case, cimicifuga will allay the tendency to spasm. The heart is sometimes choreic, even where there are no general symptoms. This condition may be diagnosed by the unexpectedness of the motions, and that they subside entirely during sleep. When this can be distinctly made out, especially in women, it may be met with cimicifuga.

Pericarditis and endocarditis are most frequently rheumatic in origin, and where this diathesis exists, you will have frequent use for cimicifuga.

It is often useful in fevers as an intercurrent remedy. It will reinforce bryonia in the treatment of pleuritis. It is highly recommended in variola and varioloid. Dr. Coe says, when administered during the febrile stage, it reduces the force and frequency of the pulse, allays cerebral excitement, equalizes the circulation, and induces a gentle diaphoresis. The aching pains

†Pleurodynia may be rheumatic, myalgic, or neuralgic.

of the first stage of this disease certainly do seem to indicate it.

It is asserted that its use will prevent the pitting of small pox.

When eruptive diseases show a tendency to retrocess, and invade the mucous membrane, cimicifuga will translate the disease to the surface.

Its influence in febrile conditions is rather erethistic than febrile, and it is not, properly speaking, a fever remedy. It is, therefore, more frequently called for in children, where there exists a strong tendency to cerebral complication.

V. Were I to rest here, you would have reason to treasure cimicifuga as a precious gift from the divine hand to suffering humanity. But the half has not been told. In the ovario-uterine region it finds its great field of usefulness, so much so, as to have won, from the aborigines, the name *squaw root*, and to be one of our most important remedies in many of the diseases of women.

First, in ovarian disorders, you will find it helpful, when these are erethistic, or from passive congestion, but not where there is actual inflammation or organic lesion. In this neuralgic condition of the ovaries, and the iufra-mammary and other pains that so frequently arise from it, cimicifuga is one of our best remedies, especially when attended with a depressed state of mind.

The following case of ovarian irritation was cured by it: Miss K. A. B., aged twenty-two, of a delicate nervous temperament, complained of a dull aching pain in the left inguinal region, worse after walking or any unusual exertion. There was no enlargement of the ovary, and no febrile symptoms; and her general health was good. This pain had persisted for a number of months, and various things had been used to relieve it without effect. Of late the irritation had extended to the bladder, and she was annoyed by frequent calls to micturate. At times the pain would entirely disappear for days together, but this happened at no regular intervals, and the periods of cessation varied from a few hours to a week. The menses were regular, but somewhat scanty; and the pains were rather worse directly after the suspension of the flow. It was my impression that masturbation was at the bottom of the whole trouble. I gave her cimicifuga, the pains gradually ceased, and have not re-appeared.

Dystocia may be prevented by giving drop doses of the fluid

extract, several times a day, for two or three weeks previous to delivery, increasing the dose to three or four drops as the date approaches.

As a *partus excelerator* it was in common use among the aborigines centuries ago. It is an active ecbolic, and is so used by many women. For its parturifacient virtues, it is deservedly held in high repute. It will replace ergot of rye with manifest advantage to both mother and child. It is, perhaps, not equal to either ustilago or caulophyllum, but neither are specifics, one may answer where the other fails.

When you use cimicifuga for this purpose, give twenty drops at once, and follow it up with five drop doses every ten minutes until it begins to act.

It does not, like ergot of rye, produce continuous contraction of the uterus, but merely strengthens and prolongs the contractile movements, and therefore endangers less the soft structures of the mother, and does not asphyxiate the child.

After delivery, it may be used to expel the placenta, remove clots, or check post-partum hemorrhage, and is so used by many of our best practitioners, but I prefer either corn ergot or ergot of rye. If you have not had occasion to use cimicifuga to promote labor, it is often useful subseqently, in drop doses. It soothes the irritated nerves, the woman drops off to sleep, and awakens fresh and hopeful. It is also likely to prevent suppression of the lochia from nervous chill, or myalgic cramp of the uterus.

Dr. King recommends it in habitual abortion, sterility, and prolapsus uteri, when caused by deficiency of nervous energy; I have not used it for these purposes, but Dr. Morrow frequently boasted of the number of women he had restored to fecundity by its use.

In leucorrhœa, however, I have found it highly efficacious, where there is absence of ulceration. An ounce of the fluid extract in a pint of boiling water, used topically, at blood heat. Teaspoonful doses of the same solution three times a day.

The analogous disease, gleet, is greatly ameliorated, and often quickly cured by the same treatment.

In congestive or rheumatic dysmenorrhœa, with pains in the back, hips and thighs, tenderness in the hypogastrium, and the

discharge of dark, coagulated blood; in menorrhagia from atony of the uterus, with dark, coagulated discharge; in delayed menstruation, with rheumatic headache, lowness of spirits, and aching in the limbs; and in amenorrhœa, from deficient local nervous energy, or associated with hysteria or chorea, cimicifuga will prove rapidly curative.

The following case of rheumatic dysmenorrhœa is illustrative of its action: Mrs. B. T., aged twenty-eight, a thin, dark complexioned woman, suffered much each month previous to the appearance of the flow. The pains were almost like labor-pains, with tenderness across the hypogastric region, severe pain in the back, and aching in all the limbs. When the flow began it was dark and coagulated, but more natural the second day. Melancholy and sleeplessness were so prominent in the case that I gave her cimicifuga, although the pains seemed to call for viburnum or caulophyllum. However cimicifuga proved to be the correct prescription and she has not since been troubled with dysmenorrhœa.

Nervous cough, and a sense as of a dry spot in the throat, when symptomatic of uterine disorder, or occurring during pregnancy, with hoarseness and a feeling of suffocation, is a further indication for this remedy. Urticaria and other irritations of the skin are sometimes due to reflex uterine disorder, and when this is the case cimicifuga will cure the cause and remove the consequences.

In alternation with dialyzed iron it will often be found valuable in chlorosis. Five drops of each two or three times a day.

Nervous exhaustion from sexual diseases in men is often benefited by cimicifuga, with or without phosphorus.

VI. I have now only to speak of its influence upon the respiratory tract.

In phthisis, in alternation with iodine, sanguinaria or phosphorus, it will ameliorate the cough and hectic conditions, lower the pulse nearly to the normal standard, cure the pains in the chest walls, and improve digestion and blood making.

It is well adapted to chronic cases of tracheitis and bronchitis, acting as a mild expectorant, in doses of five to ten drops of the tincture.

I have already referred to the kind of cough in which it is likely to prove serviceable. It has been given with much success in influenza and catarrh, associated with the rheumatic diathesis, and I should rarely rely upon it when a general feeling of soreness did not accompany the local trouble. Compared with its great usefulness in muscular, uterine and neurotic diseases, its influence here is but slight.

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*TUBERCULOUS LARYNGITIS.**

BY ROBERT SAFFORD NEWTON, M. D., L. R. C. S.

In using this term I do so in compliance with the views of modern pathology. Although the term laryngeal phthisis is more expressive, it has been objected to in the premises that it misleads by indicating that tubercle may be localized and not a manifestation of constitutionality. That the condition is essentially tubercular there exists abundant evidence. In Virchow's pathological laboratory in Berlin we were often instructed to make sections from phthisical larynges that we might appreciate the perfected tubercle. While modern pathology is constantly contesting the heredity of disease, it has never explained away the "*etwas*" or something which is transmitted, which remains latent and only allows of development of certain forms of intractable diseases, when particular conditions arise. To appreciate this we must investigate the general pathology of tuberculosis. In the early part of the last century, the term tubercle began to have a recognizable existence and from Bayle came the definition of a homogeneous mass, always opaque and in color, white, or yellowish. It is well known that the opacity is essentially due to the degeneration or caseation of the mass, hence the cheesy state was the criterion of the tubercle. Even in his investigations he could not overlook the presence of numerous nodules scattered throughout, which were not opaque but translucent, but as he firmly insisted upon opacity as a sine qui non of tubercle, he called the other nodules granulations and left them as such. Laeunec elaborated this theory by showing that the granulation became opaque later on, and by introducing the consideration of tubercular infiltration. He divided the nodules into the translucent, or

*Read before the Eclectic Medical Society of the State of New York.

Bayle's, the semi-translucent or miliary, and the opaque or crude yellow tubercle. This dogmatical view was maintained until the discovery that in ordinary pneumonia large deposits of caseous matter are contained in the air cells presenting no differences from the crude tubercle other than the changes which difference in age will account for. Thus the essential element of the old tubercle being denied, the doctrine lost its usefulness. Virchow next taught that the tubercle was a new cell growth due to a hyperplasia, or rather a heteroplasia of the connective tissue. While his views are not accepted in their entirety, yet his investigations proved that the true tubercle was not opaque but translucent. To-day the question is, is tubercle a heteroplastic growth from the stable connective tissue corpuscle, or is it a growth from existing lymphadenoid tissue, produced by some specific virus or irritation? The weight of evidence certainly inclines towards a lymphanoid origin. Virchow admits that tubercle of the lymphatics may exist, but adheres to his proposition by maintaining that the tubercle does not arise from the lymphatic follicles, but from the connective tissue corpuscle which is in the connective tissue trabeculæ which supports the follicles. He also draws attention to the close relationship existing between the lymphatic and connective tissues, also to the frequent occurrence of tubercle in the outer coat of the small arteries and in the marrow of bone structures which are now considered essentially lymphatic. In other words it has been demonstrated that lymphadenoid tissue is much more prevalent in normal subjects that Virchow was aware of. Why does tuberculosis show itself so persistently in a certain class of subjects and not in others? If it is not transmissable why do the blood and tissues become so perverted that any accidental irritation, often undetectable and inappreciable, causes a limited congestion and outpouring of the liquor sanguinis and the appearance of the tubercle? That system must have been subjected to some influence previously, for the new production partakes of the diminished power of the feeble organism and becomes the imperfect bodies known as the tubercle corpuscles, not even going as high as the pus corpuscles of the ordinary system. We know that one great cause of the impoverishment of the blood is the excess of acid in the alimentary tract, which

prevents the emulsion of the fats, but does not interfere with the albuminous products, hence the basis of the chylous fluid is interfered with, the molecular element for the blood corpuscle is diminished, the liquor sanguinis rendered poor in fats but rich in albumen. When an exudation does occur it is so albuminous and the elements are so feeble, that they show but little disposition to be transformed into cells. The essential of the tubercle is the corpuscle, which is colorless, translucent, slightly granular and easily broken up. Experimental pathology certainly teaches that tubercle only arises from tubercle; it also shows that in those animals which have been inoculated with non-tuberculous matter and tuberculosis appears, strangely enough the tubercle does not follow the material inoculated, but the inflammatory products which surround it, therefore we must consider that the infectious virus was not introduced from without, but was generated by the animal itself; that a tubercular diathesis is necessary, and with that diathesis any kind of inflammation, set up in any kind of way is capable of producing tuberculosis. Dr. Barlow suggests that tubercle is developed in a particular organ according to its activity, thus it is that the brains of infants are the most susceptible, later on the abdominal organs, and at the age of puberty, when the chest expands, the lungs are the most susceptible and thus phthisis is comparatively rare before this period. Many of the hitherto difficulties are explainable by adopting Koch's doctrines. Even admitting the existence of the bacillus it does not controvert the existence of heredity unless we reason by its analogy to syphilis, that by means of the bacillus direct transmission of the disease occurs and may remain latent for some time stored up in a lymph node, that is unless the germs are so numerous that they overwhelm the vigorous functions of the existing cells. How does the bacillus enter the system? Koch found that the sputa of phthisical patients always contained bacilli. The drying of a sputum does not rob the bacillus of its life. Sputa dried for eight weeks and injected into guinea-pigs produced acute miliary tuberculosis in every instance. The dry sputum is ground into dust, the bacilli adhere to some part of it and entering the lungs with the air we breathe, are arrested upon some prominent spot of the mucous membrane which lies opposite the air current,

especially the ridges of the alveoli. But there exist other channels; the pleuro-pneumonia of cattle being identical with tuberculosis, the bacilli may be introduced into our alimentary canals with the meat or milk of the animals thus affected. The immediate causes of tuberculous laryngitis are exposure to sudden changes of atmosphere, the inhaling of irritating vapors, breathing in heavy atmospheres,—especially such as contain particles of dust, coal, smoke, sand, stone—general debility, functional excesses, previous inflammations as catarrhs, colds, etc. If these ordinary causes produce in most cases simple laryngeal mischief, why do they also produce in a large proportion of cases a fatal disease? Simply because such causes alone are not sufficient, but every case thus attacked in addition to such causes must have a suitable soil or a diathesis which determines the tubercle. Tuberculous laryngitis appears in children, adults and the aged, as phthisis is most common between the ages of twenty and thirty, necessarily the majority of cases are seen early in life. Position in life is not a factor unless it is that sedentary habits favor sub-acute inflammation and may thus encourage the disease. It appears in all climates, but is probably more frequent in cold or damp countries, and is more common among men than women. This disease commences in the larynx and often progresses through several stages before the lungs become affected. Dr. M. MacKenzie reports three cases where no pulmonary tubercles were found after death but it may be stated as a law, that pulmonary tuberculosis is present in every case, at some stages of the disease, but I am of the opinion that it often developes after the throat trouble. In numerous cases which I have examined when I was chief of Dr. MacNeill's clinic at the London Throat and Chest Hospital, where no ausculatory signs could be detected, I have examined the sputa microscopically, but did not detect any elastic elements to indicate breaking down of the lung substance. This form of examination is very necessary as the sputa reveal the condition long before the stethoscope. I prefer the method of Dr. Samuel Fenwick. The early symptoms of tuberculous laryngitis present but little that is characteristic, fatigue is often complained of especially after using the voice, hoarseness is always present and varies from the deep gutteral tones to the

feeble expiratory speech so peculiar to anæmia. Pain is seldom an early complication unless the disease has produced thickening of the epiglottis, then dysphagia is distressing owing to the impaired action of the valve. Articles of food or drink may enter the larynx and give rise to distressing paroxysms of coughing or even more alarming symptoms. Cough is usually a later sign especially when the capacity of the larynx is being encroached upon, or it may be the first symptom complained of—a constant desire to cough without any appreciable cause. The breathing in the early stages is seldom affected, but when the ulcerative process attacks the tissues about the glottis, stenosis of the larynx ensues and the respiration becomes very labored or stertorous. The general health does not appear to be visibly affected, though the sudden rise in temperature morning and night, with the pink flush of the cheeks indicate that a waste is going on. The appetite is variable and the condition to be most feared. Such are the most prominent of the early symptoms, as soon as the ulceration begins the dissolution is very rapid. The patient becomes rapidly emaciated, fatigue is produced by the slightest exertion, the appetite fails, the bowels become constipated or dysenteric, the urine loaded with the lithates or phosphates, the cough increases until it becomes almost incessant and produces the greatest distress, the sweats of night come and with the hectic fever of morning leave the sufferer exhausted. The voice which has been getting harsher and hoarser in tone, begins to fail, first it remains as a hoarse whisper then complete aphonia results. The breathing becomes tubular, for it resembles exactly the sound produced when we breathe gently into a wide mouthed bottle. This in connection with the hoarseness and elevation of temperature would render a diagnosis probable without the laryngoscope. While the cough prevents sleep, it is often as a symptom not as alarming as the inability of the patient to swallow. Swelling in any part of the larynx causes dysphagia, but it becomes most distressing when the ary-epiglottic folds or the epiglottis becomes involved. When the tumefaction of the epiglottis is great, then the case is indeed hopeless for the person will die from irritation before the remedial agents exert any beneficial influence. Post mortem, the larynx presents signs of active inflammation,

especially thickening of the mucosa and sub-mucosa, scattered over the surfaces are seen numerous grey projections in various stages of development, these are the grey granulations of Rokitansky. Where several of these granulations have broken down a cup shaped ulcer is found, with the ulceration the tissue is destroyed and considerable contraction of the parts results. The ulcers are found most frequenty about the epiglottis. The caseous masses and imperfect abscesses are found in the ventricular bands, at the processus vocalis, and in the arytenoid cartilages. Contraction appears to be mainly caused by a proliferation of cells resembling exactly the granulation process observed in wounds. These become grouped and present the appearance of small growths. From the liquefaction of the caseous contents the laryngeal surfaces are bathed in a purulent fluid, which causes muco-purulent expectoration and fetor of the breath. This disease can only be studied by repeated and conscientious laryngoscopic examinations, by which means we can notice how gradually but positively the process developes. If a case is examined early, for several weeks the only laryngeal appearance will be great anæmia giving an ashy hue to the mucous membrane of the throat, especially of the ary-glottic folds and the free surface of the epiglottis. Even now the voice has a harsh tone and the patient often presents himself for the hoarseness alone, no other symptoms having been noticed. The next change is pathognomonic of the disease, and consists of the œdema due to serous infiltration which attacks the ary-epiglottic folds, they present the appearance of two pale pyriform tumors with the large ends united in the middle line and the thin part directed upwards and outwards. In the commencement the prominences of Wrisberg and Santorini's cartilages may limit the swelling, but the œdema soon covers them so that they disappear from view. With this tumefaction the outer arytenoid fold becomes implicated thus preventing approximation of the vocal cords and giving rise to the dysphonia. When the œdema has subsided the laryngeal tissue presents signs of great thickening, especially of the true and false vocal cords. The cords have lost their pearly color and present a roughened outline, often new vessels are seen running over the surface.

Later ulcers are noticed especially about the junction of the cords which destroys their outline. The arytenoid cartilages are prone to ulceration. In their situation is frequently seen the typical cup-shaped tuberculous ulcer. With the destruction of the cartilages the glottis becomes ankylosed and stridor results. The epiglottis is often thickened to such an extent that no view of the larynx can be obtained, or it may be rolled back upon itself, thickened and scarred by ulceration or almost destroyed. When necrosis attacks the cartilages often cellulitis of the neck ensues, and may terminate the case. It has been argued that the irritating sputa is one of the essential causes of the ulceration in the larynx, but this can not be, for the tubercle arises from the mucosa and sub-mucosa, and proceeds from within, out, and again in the early stages tubercle has been detected beneath the epithelium, when that tissue was not affected or thrown off. Again we have the appearance of the tubercle before the affection in the lung is detected and before any irritating sputa have passed over the larynx. If the sputa is so irritating, why do we not have special laryngeal symptoms in gangrene of the lung, where purulent and necrotic matter is being constantly expectorated?

Friction has also had advocates as being one of the causes of the determination of the tubercle to the larynx, by giving rise to the necessary irritation, but Heinze cleverly combats this by proving that one of the earliest conditions is the œdema which prevents the vocal cords from approximating. And clinically we know that it is not the free surface of the epiglottis that is most affected, but the under surface and base, parts which are peculiarly free from such action.

The prognosis of tuberculous laryngitis has always been considered unfavorable. While life may be prolonged and comfort obtained for the sufferer, complete recovery is doubtful. If we have truly the cause in the bacillus of Koch, and we can by prophylaxis prevent the entrance of the germ, or when the germ has entered, can by therapeutical aids follow and destroy it, all cases should be curable and the disease only be met with as a result of negligence. While these means with our present knowledge do not suggest themselves, the field has been widened by

its consideration, and we appreciate the fact that with these germs floating everywhere we can only defy them by keeping the system sustained and healthful, that they may not find the appropriate soil upon which to locate.

In my next paper I will give at length the local and general treatment which has been the most successful with me in hospital and private practice.

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WAS IT SCARLATINA?

BY C. E. MILES, M. D., BOSTON HIGHLANDS.

In the article "*Clinical Experiences*," in the September Journal, under the caption "Scarlatina," the writer says,—"February 16th, Frederick V. * * feverish, pain in his limbs, sore throat, tonsils swollen, having the appearance of quinsy, tongue coated, urine scanty, depositing a brownish sediment. * * * "Feb. 17 and 18, * * temperature 99·5°; bowels constipated, pain in right lumbar region, absence of both rash and canker." * * "Feb. 19.—Patient every way improved." * * * "Feb. 24.—Patient very much worse. Had been out of doors and had evidently taken cold. Had a high fever, chills, vomiting, urine suppressed, pale countenance with œdema about the eyes, pulse 85, * * * urine heavily loaded with albumen. * * * After one week patient much improved. * * *" The above is a sample of many cases during the spring. There was neither rash nor canker, but in all the tonsils were very much swollen and the urine albuminous. * * *"

It is not my purpose to be hypercritical; but in reading the article I remembered how large a number of similar cases I have met from year to year that have recovered on a treatment very like that prescribed in the cases referred to, but which I never diagnosed as scarlatina, though my attention may have been directed toward that disease at the first call or two. If such cases were in fact scarlatina, then I have failed to give proper attention to my patients, and have jeopardized their families and society in not issolating them, and after their recovery in not attending to disinfection. On the other hand, if they were simply cases of tonsillitis, complicated with some pharyngeal inflamma-

tion, and the chill, fever and prostration that so commonly attend and follow such attacks, I should have put them to a very unnecessary inconvenience, expense and delay, to have diagnosed and treated them as scarlatina under the present exacting regime—and justly so—of this State, for the comparative lightness of the attacks should in no sense exempt them from all the hygienic attention of the more violent forms of the disease.

But was the disease cited scarlatina? There was neither "rash nor canker," and the temperature was only 99.5°. On the 4th day the patient was very much better. At the 9th day, after having taken cold, and the fever was high, the pulse was only 85, about normal for a boy of eleven years. There was œdema about the eyes, and the urine was loaded with albumen. But the former may follow a severe and acute cold, and the latter an inflammation of a limited extent of the respiratory mucous tissue, which had occurred in this case, and especially in an inflammatory condition of the kidney, which the pain in the right lumbar region of the patient renders probable.

This review of the case cited impresses me that it was not scarlatina; and I am led to make this criticism for the reasons before suggested in regard to the management of patients who are suffering from that disease, as well as to avoid the unnecessary restrictions and obstructions that should be enforced where an incorrect diagnosis has been made, besides the unfounded assurance that might be given to those whom the physician had mistakenly supposed to have had the disease of a comparative immunity from scarlatina.

ASTHMA.

BY W. A. PERRINS, M. D., BOSTON HIGHLANDS.

This is a disease which we are often called upon to treat and one which frequently renders unsatisfactory results, when a cure is attempted. It may be defined as a spasmodic difficulty of breathing, without any morbid alteration of the respiratory organs, occurring paroxysmally, lasting some hours, and terminating in health. It is divided into idiopathic, and symptomatic, and is supposed to be a neurosis of the breathing apparatus arising from both central and peripheral disturbances.

It is quite common for this disease to manifest itself in different branches of a family and it is generally regarded as hereditary. Just what condition the brain, spinal-cord, or nerve centres are in when an attack comes on, is a question among pathologists, but probably the condition is similar to that of those suffering with epilepsy, for some authorities state that the attacks sometimes alternate with epileptic fits, and it is probably the difference in the exciting cause which determines the different results. The idiopathic or primary form, is that which occurs independent of any other disease and the paroxysms are generally very severe, though the period of rest between them is usually of considerable length. This is the form which most resembles epilepsy. The symptomatic usually has its origin in gastric, bronchial, or cardiac troubles. The bronchial form, brought on by climatic influences, is probably the most common, and indeed bronchitis and asthma often exist at the same time. Among the causes which are said to bring on the paroxysms are: pressure on the pneumogastric by enlarged lymphatics, exciting intelligence, the influence of local associations, indigestion and distention of the stomach, and certain odors, dust, etc. The condition known as hay-fever or hay-asthma is induced by the last named causes. There are no essential anatomical changes, though they are sometimes associated with it. It is still a disputed point what the asthmatic paroxysm consists of. Some claim that it is a spasm, of the diaphragm; others that it is a spasm of the bronchial muscles, while the new theory of Leyden is, that in the expectoration there are brownish cells that are undergoing granular degeneration, between which are small, colorless, octahedral crystals. Leyden's idea is, that there is a reflex spasm of the muscles of the bronchial tubes, induced by the irritation of the terminal filliments of the vagus nerve, by the minute crystals alluded to. The first attack is sudden and generally nocturnal, but the subsequent attacks are usually preceded by bronchial irritation, headache, acidity of stomach, indigestion, etc. When a paroxysm is coming on, the patient complains of anguish in the chest followed by a sense of suffocation, the expiration is accompanied with wheezing, the face becomes flushed and cyanosed, perspiration starts freely and the muscles of the neck swell up, as they assist in the labored

respiration. After a time varying from a few minutes to five or six hours, but sometimes three or four days, the spasmodic condition begins to subside, breathing becomes easier, more air enters the lungs and the paroxysm terminates. Breathing now becomes natural, and a free, flow of mucus from the bronchial tubes follows. Sometimes there are only slight remissions between the attacks, so that it is almost impossibie for the patient to lie down, or get any rest whatever and after several days of suffering he is completely exhausted. On percussion we find reasonance over the entire surface of both lungs and it is decidedly tympanitic. There are loud wheezing, sibilant, sounds which obscure all others, and are louder and more distinct on expiration, than inspiration. The capacity of the chest is increased in both vertical and transverse diameters, and it assnmes a globular shape as if a forced inspiration had been taken. The lungs contain a large amount of residual air, and it requires a great effort on the part of the patient to take even a small inspiration. Expiration is still more laborious and prolonged, and it is not surprising that the patient often rushes to the open door, or window, to get the benefit of a denser atmosphere. Spasm of the muscular fibres of the bronchi, is probably the main difficulty, but undoubtedly the tonic contraction of the diaphragm, which depresses it far below its normal position, adds largely to the trouble. The lividity of the face is supposed to be due to the deficient æration of the blood, and the contraction of the cervical muscles, which impedes the return of blood from the head. In the commencement of the paroxysm the sputa is absent, but appears abundantly at the close. It may be transparent, frothy and tenaceous, or of a brownish or reddish-white color when mixed with blood. It consists of mucus, epithelium, and peculiar yellowish green clumps, in which are imbedded, Leydens' crystals. Asthma usually becomes a chronic disease, but is not incompatible with long life, or good health between the paroxysms. In itself it is said never to be fatal, though it may be the cause of diseases which may prove so. Much depends on the number and severity of the paroxysms; they may commence mild and become severe. or commences and continues with the greatest severity. They may disappear suddenly and never return again. The diagnosis

is unmistakable when the history of the case is known. The first attack may be confounded with heart disease, bronchitis, emphysema, stenosis of the trachea, œdema of the glottis, etc., but in most of these troubles the dyspnœa is inspiratory, while in asthma it is expiratory. Some cases of heart disease very much resemble asthma, but the paroxysm is usually shorter and there are no symptoms of narrowing of the bronchial tubes, such as difficult expiration, suppression of respiratory murmurs, etc. As regards treatment I shall say little. To relieve the paroxysm is the first thing to be thought of and for that purpose we use the antispasmodics. Lobelia—comp. tr., lobelia and capsicum, stramonium, tobacco, chloroform, and the smoke of pastilles, nitre-paper, stramonium, and belladonna, are among the remedies which have been found efficacious in this disease.

SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

(American and Foreign.)

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

CARCINOMA OF THE ABDOMINAL WALLS—THE INFLUENCE OF WORRY AND NERVOUS SHOCK ON THE UTERUS AND ITS FUNCTIONS—EPITHELIOMA OF THE CERVIX.

Gentlemen:—The first case that I shall bring before you is one in which there is said to be an abdominal tumor. I have not yet seen the patient. Before she is brought in, let me say a word about these tumor cases. Yesterday a lady who had been examined by two physicians, was sent from a long distance to the hospital to have ovariotomy performed. There being no room in the hospital, I had her brought to my office for examination. She came this morning. I found not a vestige of a tumor. Looking at the abdomen, there appeared to be a tumor, but it was nothing but wind and fat. By catching up a fold of the abdominal wall between the fingers, you can always avoid being misled by an excess of fat. This patient also had milk in the breasts. This might have led to the supposition that the woman was pregnant. This is a common blunder. When a woman who has reached the age of forty-four or forty-five finds that her menses have stopped and the abdomen is beginning to enlarge, and if at the same time milk appears in the breasts, she is very apt to think that she is pregnant. Her physician will take her

word for it, as she may have had several children, and he thinks that she ought to know. Time passes on, but no child is born, and an examination reveals that there is nothing but wind and fat. The presence of milk in the breasts in the case which I have described to you is extraordinary. It is difficult to account for this except by the close relation which exists between the brain and body—between mind and matter.

In the patient before us to-day I fancy there is no phantom tumor. Her age is sixty-three years. Four years ago she had a fall, and shortly afterwards a tumor appeared in the middle line below the umbilicus, and two months ago it suddenly moved around to the left side. A glance at the abdomen shows that this case does not belong to my department. Here you see a tumor as large as a small orange, and the question arises, what is it? There is another tumor on the right side. If the patient were young, I should attribute it to specific disease; in other words, I should consider it to be a specific abscess, for it is exactly in the position of a bubo. I ask her to cough, because it might possibly be a hernia. No impulse is transmitted to the hand. Pressing on the abdomen in the median line below the umbilicus, I find another tumor. This patient was examined by two excellent physicians, who sent her to me as a case of abdominal tumor. There is evidently glandular enlargement, and my impression is that it is due to carcinoma. An abscess would not have lasted four years. Specific disease might run that long.

There is said to be an offensive discharge from the vagina, but I shall not make a digital examination, for I feel satisfied that we have here a malignant disease, and as I am going to perform an oophorectomy immediately after the lecture, I do not wish to have my fingers in any offensive discharges.

The best thing to do in this instance is, I think, to watch the case and give some placebo. Her tongue is heavily coated. I shall, therefore, order the following:

℞. Hydrarg. chloridi mitis, gr. ij.
Sodii bicarb., gr. xxx.
Misce et ft pulv., No. vi.
Sig. Begin to-morrow morning and take one very two hours.

If this does not act on the bowels, she will take to-morrow evening a dose of magnesia. I tell her to take these powders dry on the tongue and wash them down with a little water. I do this because if she mixed them with water in a spoon, the heavy part of the powder would sink to the bottom and she will fail to get the full dose of it. I shall also order:

℞. Liquor potassii arsenitis, ʒ iv.
Sig. Three drops after each meal.

I order a small quantity in order to avoid accidents. She will report in one week, and I shall then have her examined by one of the surgeons.

THE INFLUENCE OF WORRY AND NERVOUS SHOCK ON THE UTERUS AND ITS FUNCTIONS.

This lady is 37 years old. She has had four children, the youngest of which is nine years old. Her trouble began twelve years ago, but has been worse since the birth of her last child. She complains of pain in the back and head, fluttering of the heart, cold hands and feet, irritable bladder, wakefulness, and when she does sleep has bad dreams, which wake her in a fright.

What is the meaning of these symptoms? They are nervous symptoms. We must decide whether they are due to a local or constitutional disease with a constitutional expression, or whether to a pure nervous trouble. In the first place, I ask her whether she has had any trouble in her family. She tells me that she has had no trouble; she has had a happy home and no cause of worry.

I have a patient who often comes to see me, complaining with these nervous symptoms, and I have repeatedly told her that she must have had some cause of worry or of nervous shock, but she has always denied any such cause until a day or two ago, when she said that possibly a passage in her history might explain the trouble. She said that her father had softening of the brain and became insane, but the insanity was of a passive type. He had never done any one harm until one day when she entered his room, he made a spring at her, and she saw from his expression that he was going to do her harm. She seized some heavy article exclaiming, "Father, if you come near me I shall throw this at you," and looking him steadily in the eye, he quailed. In order to get out of the door, she had to turn her back towards him, and the instant she did this, he sprang and caught her and tried to bite and injure her. She shrieked for assistance, which fortunately was at hand. This fright made such an impression upon the nerve centres that from that time she was never well. This was the foundation of her troubles, although she thought that it had nothing to do with them.

I have had a patient under my care for seven months, suffering from menorrhagia and these nervous symptoms, in whom the trouble was caused by the throwing of a dead cat into her lap. You may ask, how can a dead cat produce menorrhagia? or, in other words, how can a fright produce menorrhagia? It does it in this way. It produces a profound impression upon the nerve centres, and there is no longer that correlation of nerve-power

which exists in health. The nerves behave as they please. There is irregular distribution of nerve-fluid; this leads to irregular distribution of blood; more blood goes to one organ than to another. The most exacting organs during the woman's menstrual life are the womb and its annexes, the ovary, the vagina, the erectile tissue around the womb, the broad ligaments, and the fallopian tube. They receive more blood than they should. There is increased nutritive action, vegetations develop, and the womb increases in size. In the lady of whom I have spoken, I was unable to cure the menorrhagia. I used the currette and could control the hemorrhage for a time, but it would always return, and ultimately I removed both ovaries. These organs were found to have undergone follicular degeneration.

I shall now make a vaginal examination. I examined her once before, but did not think that any operation was required. There has been a laceration of the cervix and of the perineum, but these lesions do not usually produce such severe symptoms. She has worn a pessary, but it always caused pain. I must honestly say that I dislike to subject this woman to an operation, when I am by no means positive that it will do her good, but I shall do something which I think will modify and tone up the condition of the womb. The sound gives a measurement of three inches. There is no ectropion of the mucous lining of the cervical canal, and that is one reason why I think an operation is not indicated. To-day I shall currette the womb.

Is there any danger in the use of the dull currette? This is an important question, for you will frequently do the operation in your office. I have never lost a patient from the use of the currette, but I have occasionally had some inflammatory disturbance.

There has been a little bleeding following the passage of the sound. I shall first introduce the blunt currette. I remove several vegetations. A few of these are quite large. These little fungous growths are entirely benign. I have often told you how unreliable the microscopical examination of uterine growths is. The best microscopists have told me that certain growths were epithelioma, when the subsequent course of the case has proven that the disease was perfectly benign. I lately came across a passage in the works of a German writer in which he says that it is one of the most difficult things to decide between benign and malignant growth of the womb by the microscope. The alveoli of innocent growths simulate very closely cylindrical epithelioma. I think that this is the reason that microscopists have been misled.

Having removed so many of these vegetations, I shall go over the endometrium with the sharp currette. This is an instrument

I do not advise you to use at first, for your fingers are all thumbs, and you cannot manipulate with the delicacy that is necessary in employing this instrument. I first dilate the canal with Ellinger's dilator, in order that the instrument may readily enter, and then, taking it as I would a pen, I gently pass it into the cavity of the womb. I can hear and feel the currette passing over the rough vegetations. The lining of the womb should be perfectly smooth. Having removed all the vegetations, I shall make an application of strong tincture of iodine to the fundus. She will then be put to bed, and if necessary receive an opium suppository.

What shall we give this patient internally? If she were rich enough, I should put her to bed, have her well rubbed, and electricity applied. She cannot do this. The next best thing is to give some remedy to tone down these nerve centres which are not behaving themselves. I should like to give her the valerianate of zinc and quinia, which, take it all in all, is the best combination which we can give. I shall order a triple valerianate as follows:

℞. Zinci valerianatis,
Quiniæ valerianatis,
Ferri valerianatis, aa gr. xx.
M. et ft pil., No. xx.
Sig. One three times a day.

After a time, I shall give strychnia in small doses, gradually increased. She would, I think, be benefited by the use of malt. Keasbey and Mattison make a good preparation. Of this, she will take a tablespoonful three times a day in milk. It is a good plan to take one dose of the malt at bed-time. This favors sleep. (The patient was now removed.)

I tell you frankly that I do not believe her statement that she has had no trouble; I believe that she has some cause of worry which has aggravated this, for there is not sufficient local trouble to account for the constitutional symptoms.

To illustrate this, let me refer to a case which I saw the other day. A young girl was sent to me with the history of dysmenorrhœa, and all the train of nervous symptoms which the patient before you to-day exhibited. I examined her and, as a matter of course, found anteflexion, but the sound passed readily. The dysmenorrhœa had developed within a few months. I asked her if she had studied hard at school. She said that she had, and had been compelled to leave school. She stated that she had no cause of worry. After she had left the room, the lady who came with her told me that the girl's father, although a good man, was an intemperate one, and that his intemperate habits worried the girl very much. In the great majority of such cases a cause for worriment will be found.

EPITHELIOMA OF THE CERVIX.

I wish you to listen carefully to the history of this patient as she gives it to me: She is thirty-three years old, and has three living children and two miscarriages—one at six months and one at three months. Two of the children were born after the last miscarriage. She says that the miscarriages were honest ones. For the past two years there has been an offensive discharge mixed with blood. The monthlies are not more abundant than usual, but there is a hemorrhage between the periods. The marital relations are painful. They are painful because something is hit that is sore.

This case is not as typical as I thought it would be; but when a woman who has borne children begins to have a discharge tinged with blood, making its appearance between the monthlies, in nine cases out of ten it means carcinoma. Suppose, however, that a woman who has not borne a child begins to have these symptoms; they then do not indicate carcinoma. There are exceptions to this rule, but in the majority of cases it is true. In such a case the symptoms indicate a fibroid tumor, a polypus, or, perhaps, ulceration of the cervix, but not carcinoma. In the great majority of cases carcinoma is situated in the neck of the womb and starts at the seat of an old laceration. A woman who has not borne children of course has no laceration of the cervix.

Introducing my finger I at once come upon a growth which is projecting. While the anterior lip of the womb has been eaten away, there is still a projection. I did not intend to examine this woman, but I introduced my finger before I thought. I shall thoroughly wash my hand, and use turpentine to disinfect it.

There is no doubt as to the diagnosis. We can do a great deal of good by removing as much as possible of the diseased structures. I wish you to pay attention to what I tell this patient. "You have a bad condition of the neck of the womb. This ulceration is very difficult to remove, but by removing it we can sometimes cure it wholly, and in the great majority of cases, do a great deal of good. I want you to come to the hospital, and I will operate on you next Wednesday." (The patient was now removed.)

I wanted you to listen, for I know nothing harder to do than to tell a woman that she has a cancer. I never tell a woman that she has a cancer unless she asks me, and then I do not like to tell her. Many patients will say, "Doctor, if it is cancer, do not tell me." I told this woman the truth, but I did not tell her the whole truth. If she had asked me, "Is it a cancer?" I should have said, "Yes. It belongs to the cancer kind. It is of that family, but it is not so bad as the cancer which comes in the

breast. This is what we call epithelioma." Like the cuttle-fish which, when pursued, squirts ink in the face of its pursuer and escapes in the darkness, so I escape under cover of a big word.

When told that they have cancer, women will sometimes give up, and so go right down hill and die. I was once called by a physician to see a plucky little woman, whom he thought had a cancer. She wanted to know exactly what it was, and I had to tell her. I met the physician some time afterwards, and he said to me: "Doctor, we should not have told her what the disease was, for after you informed her that it was a cancer, she never left her bed." She had gone to bed simply for the examination.

You may give the disease any hard name you choose, and it deserves a hard name, but do not call it cancer. It is a great comfort to the woman to know that it is an epithelioma. Of all the varieties of cancer, this is the most amenable to treatment. When I told her that we might cure her, I told her the truth. I have unexpectedly cured several cases, that is, if the non-recurrence of the disease after a lapse of five or six years means a cure.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

PROGNOSIS IN CHRONIC DISEASE OF THE HEART.

Dr. Metcalfe remarked that Dr. Flint's paper had almost exhausted the subject (though by no means the audience), and left little to say except by way of assent and confirmation. But a matter of so great importance would justify some degree of iteration.

It was of the utmost consequence to secure accuracy in diagnosis; and too many of our statistics of the results of heart-disease were rendered valueless from ignorance or carelessness in regard to this point. Most physicans in their early practice would be sure to fall into errors. He had himself, when he began teaching, been certain of a great many things which he was now convinced that he neither then knew nor had since acquired. A single examination was rarely sufficient to determine the morbid condition beyond a doubt. The patient must be seen under a great variety of circumstances; and care must be taken to eliminate such sources of error as, for instance, the spanæmia of pregnancy and lactation, or the three *isms* of which he used to speak to his class.—the nicotism, the rheumatism, and the onanism.

Supposing the diagnosis accurate, the consideration of idiosyncrasy should enter as an important element into the prognosis, —the fact that, with apparently the same lesion, one man might

live forty years, and another die in as many days. That sudden death from heart-disease was very rare, he was fully convinced. It was the suddeness of a fatal event that patients were most in dread of; and if they could be disabused of this idea, their disease would be disarmed of its chief terrors. Ten years ago he had come in charge of a patient whose former physician had diagnosticated extensive lesions of the heart, with atheroma of the aorta. The man was in a state of mortal apprehension; had given up his business; never left the house without an attendant to watch him; and then his wife would be in an agony of suspense till his return. The speaker had recognized the serious condition of the heart, and told the patient: "You have heart-disease, and I cannot say when you are likely to die; but you are not likely to die suddenly, and my advice is to dismiss your watchman, and go about your business." The patient had followed his counsel, was still at his business, and was getting along very comfortably, though of course nearer death than ten years ago.

Perhaps the most important of the complications affecting prognosis was renal disease. He knew a gay youth of some sixty summers who had contracted a cardiac affection from rheumatism forty years ago. But his kidneys were in excellent order, and his long-continued good condition was doubtless referable to the cause insisted upon by Dr. Flint,—the power of healthy blood to maintain healthy nutrition, despite considerable derangement of the central organ of circulation.

The Doctor related cases bearing upon the subject of agina pectoris, referred to in the paper. A lady whom he had found almost pulseless from this affection, ten years ago, was still alive and doing well. A man whose pulse had once fallen to thirty, and even to twenty-three in the minute, was likely to last a good while yet. A lady, seven years ago, received a blow on the head, which was followed by pneumonia. Her pulse went down to thirty. Mitral disease was diagnosticated; but she recovered, and last year had another attack of pneumonia, during which the pulse and respiration were each thirty. By April she was convalescent, and has since been very well. Two young ladies, in whose case his diagnosis of heart-trouble was confirmed by Drs. Sweet and Clark, had since married and borne children, and were in a state of health fairly enviable.

The President hoped that some gentleman would allude to the occasional disappearance of well-marked organic disease of the heart, and the possible clashing of diagnoses which might result. He thought the life-insurance tables, as a rule, bore too hard upon heart-disease.

Dr. Metcalfe replied that this consideration made yet more

evident the necessity of repeated examinations. He could recall many cases where murmurs had existed and then disappeared for a long time, the autopsy finally showing organic lesion. As a life-insurance examiner he had made it a point, whenever there was anything wrong in the rhythm or sounds of the heart, never to be satisfied until he had interrogated them under many different conditions. But it was just as important to interrogate the kidneys. He had seen many patients examined for days and days to ascertain the state of the heart, when that of the kidneys was not at all investigated. Only this morning an insurance document had been shown him with the instruction: "*If the policy exceed twenty thousand dollars*, examine the state of the urine!"

Dr. Bibbins, speaking of calcification of the heart in the aged, said that for the fourteen years during which he had been physician to the Twentieth Street Asylum for Old Ladies,—none of them admitted under sixty years of age, and some of them living to ninety,—there had not been a single case where heart-disease had caused sudden death. Such patients died of dropsy or other more or less protracted illness.

Dr. Neftel closed the diccussion, referring especially to the effect upon the heart of disorder of the vasomotor nerves, and to angina pectoris as produced by an abnormal condition of the cervical sympathetic.

The Society adjourned.

NEW YORK MEDICO-LEGAL SOCIETY.

CAN ANY WOUND BE CONSIDERED AS ABSOLUTELY NOT DANGEROUS?

Dr. Wooster Beach related the particulars of a case in which the victim, seven days before death, had been shot in a fracas, and in which the amount of injury was apparently so slight that a fatal prognosis did not seem at all warranted.

The point of entrance of the wound was in the groin, just below Poupart's ligament, and the communicating canal extended to the region of the knee. The patient refused an examination at the New York Hospital, to which he was brought, and having left, walked a considerable part of the way home with the idea that his wound was not of much consequence.

Dr. Finnell said that the interest of the case was centered in the question, might not this man have shot himself? This view, however, he did not think debatable, since the direction of the wound did not warrant any such theory. The death of the victim was due to pyæmia.

A QUESTION OF SOME MEDICO-LEGAL INTEREST.

Dr. Finnell likewise gave the details of a case in which the victim received a kick in the left pectoral region, and was afterward found to have a small wound of the scalp, evidently occasioned by a glancing pistol-ball. For the latter he was trephined directly over the occipito-parietal suture, when a fissure was found in the button of bone. The patient lived ten days. At the autopsy one entire lobe of the left lung was discovered to be the seat of fibrinous infiltration, while the brain, soft and pultaceous, was a mass of purulent deposit, uniform in character, and extending from the centre to the circumference. Was the kick an exciting cause of the pneumonia, without, as in this case, the complication of a broken rib?

Dr. Terry, in elucidating, the case, referred to the fact that there was a reasonable amount of favorable progress during the first four or five days, after which the patient began to sink, became comatose, had hernia cerebri; in fact, a large mass of brain fell out.

FATTY DEGENERATION OF THE DIAPHRAGM.

Dr. S. Rogers exhibited by a diagram the appearance of fatty degeneration of the diaphragm under the microscope. The doctor pointed out the thorough degeneration of a fibre in anatomical relation with another. He should say that at least three-fourths of the specimen thus examined was in that diseased condition.

Several pathological specimens were exhibited during the evening, and their points of interest discussed.

CAUSES OF SUDDEN DEATH.

Dr. Terry, in continuing the discussion upon the above subject, alluded briefly to its obvious division into natural and accidental death. He maintained that among the vital organs such as the brain, the lungs, and the heart, which Bichat was wont to style the "tripod of life," the sympathetic system should also be added, since it constituted the medium which bound the others together, and afforded a satisfactory ground upon which to base a theory in some cases of death. He also called attention to the fact that respiration might cease for an interval, and the brain almost entirely suspend its function and yet life would continue, but when the heart ceases to act, death ensues.

The causes of death may be either immediate or mediate. The electric current paralyses the nervous centres in an instant, although the shot or stab which severes the medulla oblongata is scarcely less sudden. If we use "*sudden*" and "*instant*" as

convertible terms, the question, as far as regards immediate causes, becomes narrowed down to quite a small compass. If we say death is the result of irremediable changes, we necessarily include many lingering diseases, inscrutable in origin and resistless in progress when once fairly started on their course. If we content ourselves with the definition that it is a speedily fatal irruption upon previous health or an extrinsic and quickly fatal complication of an otherwise protracted disease, the subject would embrace the whole domain of medicine and surgery.

The heart, it is true, is the centre around which revolves the whole vitality, and here we look for the last step in the devitalizing process; but with our ignorance of the essential nature of life, we can only hope to find some injured link where the clue to the inner and more proximate morbid changes is to be abandoned. The test tube, the microscope, the prism, the electric spark, and the polarizing reflector, may conduct us a few steps further beyond but not to the end of the journey.

Hence often the primary agent in all that can be discovered, though, in the majority of cases, a secondary cause is discernible. This latter we regard as the proximate in a medical sense, while the former is the procuring cause legally. As medical jurists we regard both, attaching the secondary to the result, the primary to the deed, while the lawyer further seeks the *intent* of the doer.

The Doctor then closed with some remarks upon the propriety of considering the divisions of his subject in a physiological as well as a mechanical view. The fear which paralyzes, and the condition known as concussion, are physiological. The force which rends the coats of an aorta, and the pressure of the effused blood when the rent happens within the pericardium, are mechanical. He also deduced other instances where there was a union of both these causes, the mechanical acting first and then inducing the operation of the physilogical element.

Dr. Finnell said that he had indulged the hope that perhaps the responsibility of sudden death might be fixed upon a single organ, and that the present discussion might have shed some light upon the subject, but this, he confessed, he now regarded as impossible.

The Society then adjourned.

SELECTIONS.

THE MURIATE OF LIME IN THE TREATMENT OF SO-CALLED SCROFULOUS TUMORS.

Old, but good remedies are often forgotten in the pursuit of the new. In Dr. James Sanders' treatise on scrofula and con-

sumption, page 112, we read: "I think I have ascertained that the muriate of lime has a more powerful effect in removing indolent scrofulous tumors than any other substance used as remedy; but that when they become open sores it is almost useless. It is a very manageable substance, the dose of which may be gradually increased from five or six grains three or four times a day to two drachms in the twenty-four hours. And I have never observed it produce any disagreeable effects, except of the slightest kind, and then only after its use had been long continued and the quantity of the dose had become very great." Dr. Sanders' book was published in 1808, and he was one of the presidents of the Royal Medical and Royal Physical Societies of Edinburgh. He continues: "Six years ago I observed with admiration its effects in a young lady, who was so disfigured by these swellings that the apex of her head was that of a cone resting on her shoulders. During the use of the muriate for six months her neck resumed its proper shape, and there scarcely remained an unusual enlargement of any gland; and since that time I have never seen it administered in similar circumstances without producing beneficial effects. I have tried it frequently and think it has always proved useful, sometimes eminently so. A young gentleman, aged nineteen, had the glands of his neck very much enlarged from his infancy; his skin was rough, fissured and oozing (with eczema), and he had all the pulmonary signs of incipient phthisis, with frequent attacks of hæmoptysis. During the use of the muriate for several months, the skin healed, the glands diminished in size, the pectoral complaints were removed, and the strength of his body improved. A girl of nine years had the glands of her neck somewhat, but the parotid and tonsillary glands enormously enlarged, so that the latter seemed almost entirely to fill the fauces. She had occasional attacks of dyspnœa, teasing cough, copious expectoration of transparent, clammy, or frothy matter, when she began to take five grains of the muriate in solution, twice a day, and gradually increased the dose. The swellings soon diminished, and the pectoral complaints were much mitigated. At the end of six months she was taking nearly two drachms of the medicine a day, and seemed nearly well; three drachms seemed to cause squeamishness at the stomach, and the quantity was therefore lessened. She continued to take small doses for a year, when the visible tumors had almost disappeared while the signs of the internal affection had signally decreased

GELSEMIUM IN INTERMITTENT FEVER.

In the *St. Louis Courier of Medicine*, October, 1883, Dr. N. B. McKay highly recommends it, and uses it with as much confidence as he ever used any of the preparations of bark.

I usually prepare the medicine for use by putting, say, ten drops into a tea-cup or tumbler, if for immediate use, and measuring in three or four teaspoonfuls of water to each drop, and giving in teaspoonful doses as stated above. If to be kept for a few days, I put in camphor or peppermint water, which helps to keep it sweet; or, where there is much headache, I put in bromide of potassium, and that helps to keep it. Where parties live at a distance, I add glycerine in place of one-fifth or one-fourth of the water, and then it will keep indefinitely.

This medicine, prepared in this way, will rarely fail to quiet any nervous chill or rigor after it is fairly under way. In such cases I give it sometimes as often as every five minutes in severe cases, and it has never failed me. I have never had occasion to use it in puerperal convulsions, but should not hesitate to use it as last mentioned, and should be confident of the best results. Some will spurn this remedy thus used, on account of its extreme simplicity and size of dose; others, because of its cheapness and other reasons. A few will try it, and not being careful about the amount, giving too much, will be disgusted and discard it; while a few will try it faithfully and carefully, and the more they use it the more they will prize it.

It is cheap, easy to take, and very effectual.

VALUE OF LEITER'S COILS IN THE TREATMENT OF PERITONITIS.

A young married lady, in perfect health, while bathing in the surf, was thrown with some violence against a post, striking the right arm and side. This was August 1st. The next day she suffered pain in the arm and a little soreness in the right side, but did not keep her bed. When first seen, on the sixth day, she was unable to move in bed without much pain in the right side of the abdomen, and she had extreme tenderness over a distinctly circumscribed space. She said the pain had been increasing every day since the accident. There was not the slightest discoloration or appearance of a bruise on any part of the body except the arm. There was some vomiting, with constipation, and tympanites. The temperature was 103° and the pulse 110. An enema was given to relieve the bowels, and aconite, followed by quinine, the latter drug was given in five-grain doses every two hours, but the temperature continued to rise steadily until it

reached 105°, where it remained in spite of quinine, cold-sponging, and ice-bags on the head, for thirty-six hours. The evidences of peritonitis being confined to one side, a Leiter's coil, six inches in diameter, was placed on the side, and firmly bound there by a roller bandage. In four hours after the application of the coil, with a current of ice-water passing through it, the temperature had fallen to 102°, and in eight hours to 100°. The temperature of the water passing through the coil was increased to about 50°, and in twelve hours from its application the patient's temperature had fallen to 99°. The coil was removed, and in three hours the temperature went up to 103°. The coil was replaced, and it again fell to 99°. A second time, after twelve hours, the same experiment was tried, with the same result, the temperature reaching $103\frac{1}{2}^{0}$, and having an evident upward tendency. With these exceptions the coil was in position for two days and nights, after which time its removal was followed by a rise of only a degree, and its use was discontinued, the patient making a good but slow recovery. Ice-bags to the head were used at the same time with the coil. The water passing through the tube was sometimes ice-cold and sometimes only about 50°. The patient found the coil agreeable, and disliked to have it removed. The sensation of cold was decidedly pleasant the greater part of the time. When it was not so, the lump of ice was taken out of the bucket that supplied the coil, and the effect was no longer complained of. A soft handkerchief twice folded was placed between the lead coil and the skin. There was good reason to believe that an attack of general peritonitis was prevented in this case by the method adopted for reducing the temperature. Its use earlier would probably have saved the patient several days of suffering.

FATAL CATHETER FEVER.

At the opening meeting of the Clinical Society of London, Sir Andrew Clarke made a communication of much interest upon the subject of what might be called "Fatal Catheter Fever."

He said that in 1870 a man, who was otherwise in good health, consulted him for slight incontinence of urine. He consulted a specialist, who found his prostate enlarged and his bladder unable to empty itself, and advised him to use a catheter. Four day later he was taken ill; the urine contained a little pus; pulse, 120; temperature 100°. After two days the temperature rose higher, the pulse became more frequent, and in eight or nine days he died; the bladder was inflamed, and the kidneys were reported to be healthy. Since 1870 Dr. Clark has seen four or

five such cases every year. He had not been able to gather sufficient information on this malady, which was not very uncommon. He was not alluding, of course, to the slight rigors after catheterism, but to a fever which generally ended fatally.

In commenting on this class of cases the *Lancet* states that they do not occur in men who have been previously free from disease of the urinary organs. There is a history of chronic stricture, enlarged prostate, and vesical atony. The suggestion is made that there is, with this, a chronic interstitial nephritis, affecting especially the cortex. The slight irritant effect of catheterization sets up an acute nephritis, which ends in suppuration and causes death.

The "fatal catheter fever" is not, according to Dr. Clark, very uncommon.

DEFIBRINATED BLOOD AS A RECTAL ALIMENT.

I HAVE had success with the defibrinated blood used in the form of rectal injection in a bad case of gastric ulcer where nothing could be retained on the stomach. The patient, a woman of 30, has now been nourished five days on nutritive enemata, nothing being employed but the defibrinated blood; this is rubbed up with warm water in the proportion of an ounce to the half pint. An enema of six fluid ounces of this nutrient given every six hours is retained without difficulty and seems to give support and strength in a marked degree. This evening for the first time in five days the patient has kept down a little milk and lime water.

The great advantage of defibrinated blood over ordinary nutritive enemata would seem to be its ready solubility by the mucous membrane of the rectum. I have for the past few years had considerable experience with nutrient rectal injections, and never before have been able to continue them so long.

My impression is that here is a wide field of usefulness for this preparation. A handy and efficient nutrient is wanted for use *per rectum*, in cases where life must be sustained in this way if sustained at all. Defibrinated blood is in the form of brilliant laminated crystals, resembling the citrate of iron, and will keep any length of time, almost, if exposed to the air. (A can on my office table has been open ten days, and has undergone no change though the weather has been warm). If the preparation tasted as well as it looks it would be invaluable for making soups or broths for invalids. Its insipid taste certainly makes it objectionable for this purpose, and patients naturally revolt against taking as food what they know to be a solution of dried blood. The insipidity may be in a great measure overcome, as I have

found, by mixing the defibrinated solution with about an equal quantity of strong beef-tea, and it is seldom necessary to tell the patient that you are giving him blood. I have tried it in three cases where it was borne, and proved an acceptable nutrient; in three other cases it was refused as soon as tasted. One patient, a female suffering from cancer of the womb, and thoroughly anæmic from loss of blood, took the defibrinated blood freely for a day or so; then her stomach revolted against it, and I have not since been able to administer it in this case.

I hope at some future day to be able to report something more valuable *a propos* of this new nutrient pharmaceutical product, which certainly seems entitled to a place among our therapeutical resources.

Theoretically this preparation contains all the nutritive elements needful to sustain life, and in a very assimilable form.

Practically it must be of utility in all cases of extreme prostration where the digestive forces are low, and there is an indication for some powerful liquid that can be speedily appropriated.

I do not know why we have not in this infibrinated blood all the conditions of a good material for transfusion. We have here an albuminous saline fluid, absolutely free from fibrine and corpuscles, presenting no danger from the formation of emboli by agglomeration of globules, or production of coagula.

PRECAUTIONS AGAINST INFECTION.

Dr. Charles Green makes the following suggestions in the *Lancet* on the personal precautions that may be adopted by medical men whilst attending cases of infectious disesaes:

1. Always have the window opened before entering the patient's room or ward.
2. Never stand between the patient and the fire, but always between him and the open window.
3. If possible, change your coat before entering the room.
4. Do not go in for unnecessary consultation or other physical examination.
5. Stay as short a time as possible in the room.
6. Never, while in the room, swallow any saliva.
7. After leaving the sick-room, wash the hands with water containing an antiseptic.
8. Rinse out the mouth with diluted Condy's fluid, also gargle the throat with it, and bathe the eyes, mouth and nostrils.
9. Expectorate and blow the nose immediately on leaving the sick-room.
10. Keep up the general health by good food, exercise and temperance.

11. The most important of all is, to filter all the air you breathe in the sick-room or ward through an antiseptic medium. My method is to use a McKenzie's inhaler over the nose and mouth. I carefully soak the sponge in a strong solution of *carbolic acid* before entering the sick-room. It is so made that all the air breathed must necessarily come through this sponge, and the expired air is emitted by a valve action at another place. I have worn this not only in the fever hospital wards, but in many of the typhus dens in this borough. It is to this method that I attribute the fact that although I have attended between 200 and 300 cases of typhus during the last twelve months, and seen many more, I have hitherto escaped infection myself. The only objection (which is not of much importance in a hospital) is the unsightly appearance one has with the inhaler *in situ*. This objection is, however, a very slight one when weighed against the greatly increased safety one not only feels, but I believe actually possesses.

TREATMENT OF BURNS.

What is wanted as a dressing for burns is something which will preserve the skin and hold it intact until the new one has formed: that is, usually less than one week. After experimenting with a large number of substances I am convinced that there is nothing equal to what I have recommended several times, and which I here repeat—the covering of the burn with the mixture of equal parts of the white of egg and *sweet oil* thoroughly beaten together. If the skin is broken or displaced, it should be carefully brought to its original position, and, if there is vesication, the serum should be removed by puncturing with a fine needle and applying gentle pressure; then the parts should be freely covered with this mixture, which forms a kind of paste, and, to give greater security, strips of fine muslin or gauze may be laid over the wound. This should not be removed till the new cuticle has fully formed and become sufficiently firm to bear exposure to the air. If further vesication takes place under the dressing, the serum should again be removed, as also any pus, if it should form, and then more of the dressing should be applied. If, through motion or other cause, the wound becomes exposed—and daily care is required to avoid this—more of the mixture should be promptly applied. The dressing should completely cover and even extend beyond the part injured, and generally by the third day the edges may be trimmed off with scissors, and by from the sixth to the tenth day the whole dressing can be removed, leaving a perfectly formed cuticle without

blemish or scar. I can speak with great confidence of this treatment, for, after an experience of more than twenty years with it, in a large number of cases, I have never been disappointed in its results.—Dr. I. T. Talbot, in *N. E. Medical Gazette.*

THE DRY TREATMENT OF CHRONIC PURULENT INFLAMMATION OF THE MIDDLE EAR.

Dr. L. S. Oppenheimer discusses the relative value of the dry and moist treatment of middle-ear inflammation, and advocates the former (*Louisville Medical News*). His method is as follows: The ear is first thoroughly cleansed by means of a syringe and warm water; it is then carefully dried and the powder insufflated, or applied on a piece of cotton through the speculum, the cotton being allowed to remain for twenty-four hours. The cotton absorbs the fluids and prevents them from again irritating the external ear. The powder may be insufflated through a goose-quill, care being taken to apply it to all parts of the cavity. The above is repeated daily for a few days, then on alternate days, then once a week for a week or two. The syringe is not required after the first two or three days. The agents which I employ in nearly all cases are iodoform, salicylic acid, the latter being applied daily whenever granulations exist; a few days after iodoform is substituted. It is of importance that absorbent cotton be inserted after each application, and removed the following day. It is also a good practice to use the Politzer air-bag once or twice a week during the treatment, as it helps to dislodge inspissated pus, tenacious mucus, etc. In brief, then, thorough cleansing before each application, insufflation of dry powders, and keeping the parts as dry as possible between the periods of treatment, will, I think, cure nearly if not quite all of these cases in a much shorter time than any other kind of treatment.

RE-OCCURRENCE OF SCARLET FEVER.

The question has been recently asked whether scarlet fever can occur twice in the same person, and at how short or long intervals. Several reported cases seem to indicate that it can recur at exceedingly short intervals; and now Dr. Martin Oxley reports an instructive case in the *Lancet*, October 27, 1883. On October 31, 1871, a boy of four years had typical scarlet fever; on December 3, he was seen and was well; on December 5, he had a typical scarlet rash, and after passing through an attack similar to that of a little over a month before, including the desquamation, he made a complete recovery.

MATRIMONIAL ENGAGEMENTS AND UTERINE POLYPI.

The defendant in a recent breach of promise case in Mercer County, O., based his defence on the fact of the development of a fibrous polypous tumor in the uterus of his betrothed. This would seem to be a valid excuse for a man's not marrying a woman, but the plaintiff claimed that the growth was produced by and resulted from the protracted courtship, causing her to brood upon the prospects of entry into married life. It was proved by experts that prolonged courtship is harmful, superinducing a condition of erethism, and the jury awarded the plaintiff a verdict of $3,000 as a balm for her wounded feelings and polypoid uterus.—*Medical Age.*

CAN CANCER OF THE PENIS BE ACQUIRED BY INOCULATION FROM CANCER OF THE CERVIX UTERI?

Considerable comment has been aroused, and naturally, by the statement of Dr. T. G. Thomas, in a clinical lecture recently delivered, that there was a serious danger of contracting cancer of the penis by sexual intercourse with women suffering from uterine cancer. Dr. Thomas asserted that "repeated instances of cancer being contracted in this way were on record." And he always warned the husbands of women suffering from this disease against the danger to which they might subject themselves.

In a subsequent letter to the *Weekly Medical Review*, Dr. Thomas modifies his first statements very much. He writes: "If in the heat of a clinical lecture I should have stated the matter so strongly, I desire to modify my assertions, for I cannot sustain them, either from personal experience or a knowledge of the experience of others. I have met with but one case of cancer of the penis which I thought had this origin, and I have not at my disposal evidence of the frequency of this disease after such exposure in the practice of others. I always guard husbands from exposing themselves to the danger of sexual intercourse where uterine cancer exists, and from *a priori* reasoning should look upon the danger of infection where an abrasion existed near the frenum as one which should be always guarded against."

Meanwhile Dr. Paul F. Munde has been investigating this subject, and presents the results in the *New York Medical Journal* of October 27th. This gentleman, never having met a case

of this kind himself, wrote letters of inquiry to Drs. T. E. Satterthwaite, W. H. Welch, and R. F. Weir, of this city, also to Dr. Zerny, of Heidelberg, and Th. Billroth, of Vienna. From all these gentlemen the answers were that in their experience they had met with no case of cancer of the penis which had been acquired by local contagion in sexual intercourse. The opinion was general that cancer, in all probability, was not transmitted in that way, although the *possibility* of the occurrence could not be entirely denied. Experiments made to test the question of the inoculability of cancer have almost always been failures. Langenbeck injected fresh cancerous material into the femoral vein of a dog, and, a few months later, found some small cancerous nodules in the lungs. But Dr. Welch quotes Virchow as saying that these nodules resembled primary cancer. Dr. D'Outrelepont made experiments which were entirely negative, while Nowinsky claims to have produced two small growths out of forty-two otherwise unsuccessful inoculations. Demarquay, in an analysis of one hundred and thirty-four cases of cancer of the penis, found one in which the cause given was a local contagion. This author does not believe, however, that cancer of the penis is ever really contracted in this way. Dr. Welch quotes Langenbeck as saying that he had seen three or four cases caused by local contagion.

Both Zerny and Dr. Munde refer to the fact that cancer of the finger has never been contracted, so far as is known, by physicians or nurses whose work obliges them to make frequent digital examinations of cancerous cervices.

The interesting evidence thus collected by Dr. Munde tends to show that there is very little if any danger of contracting cancer by sexual intercourse. No case indisputably illustrating this mode of origin appears yet to have been reported—unless Langenbeck has recently published those that he claims to have seen.

The evidence is by no means all in, however, and as few deny the *possibility* of local contagion, it is to be hoped that clinical researches regarding this important matter will continue.

THE CONTAGIOUSNESS OF ECZEMA.

A CORRESPONDENT of the *Boston Medical and Surgical Journal* describes the following case, asking if it was a coincidence. To us it appears more likely to be mistaken diagnosis: A., aged nineteen years, while living in New York, was attacked with acute general eczema. He returned to Boston, and slept a few nights with his brother W., and afterward with another brother, N. W. and N. were both seized with this affection, and within

a fortnight W.'s lady love also broke out with it. They were all healthy people, and had never before had any skin disease. Only two of the four were surrounded by the same hygienic conditions. Did one catch the disease from the other, or was it a coincidence? Duhring says: "Eczema is not contagious. It cannot be acquired from being in contact with or from handling the patient; nor can it be taken from the discharge."

STEWED FRUIT FOR THE GOUTY AND DYSPEPTIC.

Dr. Milner Fothergill recommends the use of stewed fruits in many instances of gout and dyspepsia. Sugar is undoubtedly objectionable to many, but it is by no means necessary to add sugar to stewed fruit. If the acidity be neutralized by an alkali, little or no sugar is required. Thrifty housewives have long been familiar with the fact that the addition of a small quantity of bicarbonate of soda to stewed fruit reduces the acidity, so as to save the necessity for much sugar. If about as much bicarbonate of potash as will lie on a shilling (English) be added to each pound of fruit, it will be found sufficient to neutralize the acidity, and to bring out the natural sweetness. Milk puddings and stewed fruits are excellent for the dyspeptic, the bilious, and the gouty.

THE RISKS OF MASSAGE.

Dr. Althaus, in the *British Medical Journal*, says that it is now time to cry "Hands of!" with regard to the indiscriminate manner in which the "Weir-Mitchell treatment" more especially is being applied to all cerebral and spinal cases. Many cases which would be benefited by rest are being treated by means of massage and exercises, so that more harm than good is done to the patient. Dr. Playfair also writes to defend himself from being included among those who carry on the massage treatment in an indiscriminate manner, and points out that massage is only a part, and by no means the most important part, of true treatment, the results of which, in well-selected cases, are so remarkable that it is not surprising that it should run the risk of being at times injudiciously and indiscriminately applied.

TREATMENT OF RECTO-VAGINAL FISTULÆ.

In cases in which the fistula is situated not more than an inch above the anus, Dr. Monod incises the perineum up to the seat of the injury, freshens the edges of the fistula, and then closes the

wound by deep sutures passed from the vagina. In order to insure success, he recommends that, prior to the slitting up of the perineum, a stick of nitrate of silver be introduced into the fistula and passed carefully around its entire circumference. By this means the edges are whitened, and can be easily recognized during the operation.—*Centralblatt fur Gynakologie*, September 8, 1883.

AVOID PROBING GUNSHOT WOUNDS.

The distinguished surgeon Sir Wm. MacCormac who recently visited this country, by invitation gave a lecture at Bellevue Hospital in the course of which he said:

"Another thing which I think I have learned in my experience with gunshot injuries, and one which I should like also to teach you, is to avoid unnecessary probing, or to avoid probing altogether as far as you may. I see from the manner in which you receive this remark that it required little emphasis from me, but I think it cannot be too strongly stated that the bullet, or what has become of it, is really of secondary importance in the treatment of gunshot injuries. Usually the first inquiry, of the idividual wounded is, what has become of the bullet? If it remain in the body, he asks to be relieved of it, and sometimes the surgeon, in his enthusiasm, makes a considerable effort to fulfil the patient's desire. One instrument after another is introduced, until the end of the list is reached, which is a long one, for every sort of device and appliance has been invented for this purpose. I know by repeated experience how difficult it is to discriminate between a piece of lead or an exposed surface of bone, or even the edge of fascia or a tendon, and if the sugeon fails with the probe, as he often does, one forceps after another is then introduced, and the limb is almost removed piecemeal in the determided efforts to find the foreign body. Septic matter is necessarily Introduced with the instruments and the surgeon's finger, and thus a trivial wound may ultimately result, from septic suppuration, in the death of the patient or loss of function of the member. Experience shows us how constantly bullets become impacted or lodged in parts of the body and remain there for years without any damage at all. No doubt it is not particularly desirable to have them remain if they can be easily taken away; but what I wish to insist upon is, that there is infinitely more damage capable of being done by the injudicious efforts of the surgeon in trying to remove the bullet than would be done by the presence of half a dozen bullets. In the museum at Washington, and in all museums, there are specimens of bullets lodged in the brain, in

the lungs, in bones, etc., in some cases remaining there for years. In the museum at Washington I saw a specimen in which a bullet, entering near the knee, passed into the cartilage of the joint, penetrating almost entirely through it into the joint. The man, at the time of the receipt of this wound, also sustained a wound of the elbow, and he told the surgeon that a bullet had gone into the knee-joint. The surgeon fortunately did not believe him and let the knee alone, and the man lived for years afterward with perfect use of the limb, and at his death the bullet was found in the position mentioned. I might multiply examples going to show that bullets are often not so damaging if left in the limb, while great damage may result from injudicious attempts to remove them."

DURATION OF THE MENSTRUAL HEMORRHAGE IN RELATION TO THE DEVELOPMENT OF THE FŒTUS AT TERM, AND TO MULTIPLE PREGNANCY.

The *London Med. Record*, October 15, 1883, says: The title of this work (*Revista Clinica* and *Annali Univ. di Med.*, July, 1883,) clearly indicates its scope, and the author seeks to establish his conclusions on the basis of much statistical material collected in the clinics of Modena, Milan, and Turin. He was led to this research by the idea that by the amenorrhœa of pregnancy a so much greater quantity of maternal nourishment was retained for the benefit of the fœtus, as the sanguineous loss was greater in menstruation. Not being able to determine exactly the quantity lost at each period, he took its duration as a guide, which, considering the number of his observations, may be regarded as more or less equivalent. As to a longer duration of the menstrual hemorrhage, a corresponding ovarian activity can be supposed; so also the hypothesis may be justified of a more easy rupture of more ovisacs, and a greater probability of multiple pregnancy. From the analysis of very numerous observations, Prof. Cuzzi thinks himself justified in formulating the following conclusions:

1. The weight and length of the fœtus at term are in direct relation with the number of days menstruation occupied. The longer the usual period of menstruation, the heavier and larger the fœtus.

2. There is a direct relation between multiple pregnancy and the duration of the menstrual period. That is, multiple pregnancy is most frequent in women in whom the period is long and the loss free.

EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

CLOSE OF VOLUME III.

THE present number closes the year and completes the third volume of the JOURNAL. It is always easier to retrospect a task satisfactorily and conscientiously performed, than to prospect promises which may not be fulfilled. We prefer at present to adopt the former course; to refer to accomplished facts, that we may enable our readers to draw their own inferences. It is not our purpose in speaking of the business success of our enterprise, to say more, than that the circulation has steadily increased during the past eighteen months, and markedly so during the last six or eight months, and that the area of usefulness of the JOURNAL is extending to a degree that warrants the exercise of our best endeavors to deserve this flattering endorsement of the profession. Satisfactory as this condition of things is, every thing seems to promise for us even a better future. It is unnecessary for us at this time to refer to the character of the contributions which have appeared in our columns. Coming from many of the best writers of our school they speak for themselves. In our selection of the subjects it has been our aim not only to meet the pressing wants of the general practitioner, but many of the articles were written at our special solicitation. In the editorial discussion of the medical topics of the day it has been our endeavor to be independent, impartial, and truthful. If at times we have erred in judgment, it is a failing which is human, and which entitles us to the ordinary charity of a just appreciation of motive. With the commencement of volume IV. we shall introduce some radical changes which will, we are assured, be welcomed by our patrons, and during the coming year it shall be our aim to increase the usefulness of the JOURNAL by every means in our power, and to make it even more acceptable to our subscribers, introducing such improvements as increased experience may suggest and a more entended knowledge of the wishes of our patrons may demand.

In conclusion we beg leave to cordially thank our contributors, and all those who have offered us kindly assistance and counsel, and particularly our brethren of the medical press, for the very kind and courteous manner in which they have repeatedly referred to our undertaking.

STILL WRANGLING.

The New York Academy of Medicine is a body which is supposed to exist for the promotion of medical learning. Like the coming religion which has been coming so long, and has not yet come, it has a strictly scientific basis. Angry discussions about the code of what is amusingly called "ethics," would seem distinctly out of place in such a body. The awful question whether a physician is ever justified in attempting to save the life of a man who has fallen among "irregulars" can be discussed elsewhere. A year or more ago it was provided by general agreement that all discussions as to the code should be excluded from the Academy, but at the last meeting, prior to the summer vacation, the old code men stole a march on the liberals, packed the meeting with their henchmen, and adopted a series of iron-clad resolutions, one of them being that no candidate who could not sign the code of the American Medical Association could become a member of the Academy. This violation of good faith created intense indignation, and the society has been "all torn up" over it since. To "machinists," whether political or medical, "regularity" is all in all, and to medical machinists the notion of discussing the effect of a remedy, or the accuracy of a diagnosis with a man who has come red-handed from assisting an eclectic or homœopathist in saving life is unutterably revolting and intolerable. These men seem to have no notion how ridiculous they are making themselves, nor how the public regard their silly pretensions of exclusive regularity. At a recent meeting Dr. Fordyce Barker proposed a series of amendments to the constitution which in substance (1) abolished the Committee on Code; (2) abolished the Committee on Medical Education, substituting therefor a Committee on Library; (3) provided for the disciplining of objectionable members; (4) required that all resolutions not of a strictly scientific nature, should be handed in two weeks prior to a stated meeting. These in fact rescinded the resolutions forced upon the Academy at the spring meeting, and the consideration of them was fiercely fought by the old code men, but they were finally taken under consideration by a vote of 103 to 34. It would seem that when a set of resolutions, which an advocate of the old code describes as an abolition of that code, are supported by such a majority, the medical machinists would begin to remark that this is a world which, as was remarked by Mr. Sampson Brass, "has revolutions on its axis and games of that sort." When doctors vote, three to one, that a man may be recognized as a doctor without any guarantee that he has not been advising an irregular what to do for his patient, the cause

of pure medical ethics seems to be a forlorn hope, and at that rate it will not be long before a doctor who has been guilty of so great an offence will make no concealment of his infamy. When that day comes the ten or less righteous men in the medical Sodom can solace themselves with the consciousness that they have never done anything to prevent the victims of eclecticism or homœopathy from dying in their sins, and that their own patients have been treated in an orthodox manner, with strict regard to "ethics," and when the worst has come to the worst, have "died cured."

THE APPROACHING STATE MEETING.

The twenty-third semi-annual meeting of the Massachusetts Eclectic Medical Society will be held at the Revere House, on Wednesday, January 9th, commencing at 10 o'clock A. M. It is strongly desired that the session of 1884 may be more than usually entertaining and profitable to the large number who will gather in this city from all parts of the State in mid-winter, and to this end the personal interest and effort of delegates and members in providing and carrying out, a suitable programme, is solicited. It adds materially to the general interest if all parts of the State are representnd, as the most diversified experiences are thereby called out. The session of the Society is so short that the attactiveness of the programme is enhanced if the papers are of moderate length only, or an abstract of them is prepared for reading, as thus a larger number are enabled to participate, a greater variety of topics can be presented, and a fuller discussion permitted. It is hoped that this appeal may be seriously entertained by the members, and preparations made for the meeting worthy of so distinguished a body, representing such important interests.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

We are indebted to Dr. Alexander Wilder for the following sketch of the plan of conduct proposed for the next meeting of the "National":

The Fourteenth Annual Meeting of the National Association will be held in Cincinnati, O., in June next. This was a judicious selection, and the Executive Committee have obeyed the voice of the principal eclectics of the United States. Ex-President A. J. Howe is at the head of the Committee of Arrangements, assisted by Drs. Gemmell, Russell, Lloyd and Merrell.

The well known ability of these gentlemen ought to assure abundant viands and wholesome preparations. This is the third meeting held in the State, and they promise to make it the best. Delegations are already pledged from twenty-eight States. The membership of the Association, now higher than ever before since its organization, represents that number.

Professional matters will receive full attention. President Younkin has constituted eight sections, and assigned to each its men, topics, time, and work. Section A., Hygiene and State Medicine is represented by Dr. Milbrey Green; Section B., Practice of Medicine and Clinical Medicine, Dr. R. W. Geddes; Section C., Materia Medica, Dr. R. E. Kunze; Section D., Obstetrics and Gynæcology, Dr. H. K. Stratford; Section E., Surgery, Dr. R. A. Gunn; Section F., Ophthalmology, Otology and Laryngology, Dr. Henry Olin; Section G., Electricity and Nervous Disorders, Dr. G. C. Pitzer; Section H., Dermatology and Microscopy, Dr. S. B. Munn, Chairman, and Dr. G. H. Merkel, Secretary.

There are but two full days, President Younkin remarks, for the reports of sections. It is plain that the reading of papers by title will be at a discount. He speaks for a limited time for every department, and no wasting of time in waiting for anybody. He proposes accordingly to begin on the afternoon of the first day to call the sections, in alphabetical order, and keep it up till every one have reported, or failed. Night sessions will be at the discretion of the Association. There is much to enjoy in, or around, Cincinnati; still let us hope that matters of the Association may receive the chief attention. The time and occasion duly employed, will be among the most eventful in our history.

OBITUARY.

DEATH OF J. MARION SIMS, M. D.

Dr. J. Marion Sims, founder of the Women's Hospital of New York, and a surgeon whose fame is world wide, died in New York on the 13th ult., of disease of the heart, at the age of 70 years. He was born in the Lancaster District South Carolina. His early life was uneventful, his education being begun in the common schools and completed in South Carolina College in 1832. He graduated in medicine from the Jefferson Medical College and began practice in Montgomery Ala., making a specialty of gynecology. After some years of experiments he perfected a method for curing vesico-vaginal fistulæ, which before had been

thought incurable. Silver sutures as then used by him, have since been introduced into many other departments of surgery. In Europe he was regarded as one of the greatest discoverers and operators of the day. He acted as surgeon in chief of the Anglo-American Ambulance Corps in the Franco-Prussian war, which was the first corps to arrive at Sedan. He had received distinguished honors from many of the crowned heads of Europe and was a member of scores of medical and scientific societies in this and other countries. His genial manners and magnetic social qualities, made him very popular wherever known, and altogether he was one of the truly great men of our day. His works will live after him.

PERSONALS, BRIEFS, ITEMS, ETC.

A Dr. Frank Smith has entered suit for $50,000 damages against the secretary of the Illinois State Board of Health, whose name was signed to a circular revoking his license, for unprofessional conduct. Smith asserts that the conduct objected to, consisted in announcing through the paper, his presence at a health convention at Peoria.——*The Supreme Court of Rhode Island* has imposed a fine of several hundred dollars on parties in that state, selling an Acid Phosphate, infringing the rights to that name possessed by the Rumford Chemical Works. The disreputable and growing practice of infringing upon well known and meritorious articles, after they have acquired reputation, popularity and value, should be discountenanced by all respectable dealers, as it is by the courts, and the attempts of unscrupulous persons to build up a business upon the capital of somebody else, and thus perpetrate a wilful fraud, should be everywhere condemned. ——*The Students at Jefferson Medical College* got into a regular (?) row recently, over the choice of seats in the amphitheatre. The gas was suddenly put out, and a general melee followed, resulting in broken heads and bruised shins. The Dean of the Faculty threatened to call in the police to quell the riot if repeated.——*The aggressiveness of Ameriean enterprise* received a very striking illustratiou at the late International Pharmaceutical Exhibiton held at Vienna, in the display of products from the laboratory of our energetic countrymen, Messrs. Parke, Davis & Co., of Detroit, Michigan. We notice in the reports as published in the domestic journals, and from the special correspondence of foreign journals, that this display, while exciting much interest from its scientific features, attracted more than ordinary notice from its artistic beauty and finish, among the non-professional visitors. This lay interest was, doubtless, largely

due to the special attention given the display by the Emperor and the Archduke Karl Ludwig. These royal visitors manifested unusual interest in this exhibition of American taste, and took occasion to especially compliment the firm, through its representative, on its enterprise and skill. The intrinsic worth of their laboratory products needs no commendation from us; since it has long been conceded by the profession. The gold medal awarded them by the Vienna Exhibition is but an endorsement of the esteem in which this scientific commercial house is held in this country, where it is best known.——*The remains of Harvey*, who discovered the circulation of the blood, have recently been removed from a vault under Hempstead Church, and placed in a sarcophagus in Harvey Chapel, provided by the Royal College of Physicians of England.——*To disguise the taste of tincture of iron*, it is recommended that tincture of the sesquie-chloride of iron be mixed with simple syrup, and then with milk. This mixture will not affect the teeth, nor will the styptic taste be apparent.

BOOK NOTICES.

THE KANSAS MEDICAL JOURNAL.

A new medical monthly comes to us bearing this name. It is of very neat appearance, and the only journal of any school, we believe, published in the state of Kansas. It is enterprising, interesting, newsy, and well printed, and we wish it a long and useful life. A pleasing feature, and one by no means common, of this new venture, is its evident literary ability. This should be expected as a matter of course, and would not excite comment were it not that among our now rather numerous journals are one or two which are so absolutely bad, from a literary standpoint, that there is reason to rejoice that we are spared a new infliction.

THE MEDICAL CONFLICT.

This is the theme of an address delivered before the Eclectic Medical Society of Pennsylvania by Leman T. Beam, M. D., and issued in pamphlet form by the Publication Committee of that Society. It discusses very clearly and concisely the contest now in progress between repression, by fair means or foul, on one hand, and honest determined endeavor, and incontrovertible argument in defence of a principle, on the other. The animus of the contest and points at issue are so clearly set forth, that any

unprejudiced mind cannot fail to appreciate them. It is designed as a means of educating the public as to the tenets of the eclectic school. Copies may be had by addressing the chairman of the publishing committee, H. B. Piper M. D., Tyrone Penn., or the author L. T. Beam, M. D., Johnstown, Penn.

Credit: Its Meaning and Moment. From the Bradstreet Press, New York. This article is condensed from an essay by Clark W. Bryan editor of *The Paper World* and *The Manufacturer*. It is a description of the workings of Bradstreet's Mercantile Agency and reflects the impression of a competent and critical observer.

Broune's Phonographic Monthly. D. L. Scott-Broune, publisher, New York. A journal devoted to the interests of short-hand writers whether beginners or advanced students.

Twenty-Third Annual Publication of the Massachusetts Eclectic Medical Society.

Annual Announcement of the Medical Department of Niagara University, Buffalo, N. Y.

Physicians' Visiting List for 1884. P. Blakiston & Son, Philadelphia, Cupples, Upham & Co., successors to A. Williams & Co., Boston. Price for 25 patients weekly, $1.00; for 50 patients, $1.25.

This publication now in its 33rd year, is certainly the most popular Visiting List extant. Its compact size, convenience of arrangement, durability and neatness of manufacture, have everywhere obtained for it a preference.

The Pansy. Edited by "Pansy" (Mrs. G. R. Alden), published by D. Lothrop & Co., 32 Franklin Street, Boston. 75 cents a year.

This is one of the very best of the admirable periodicals, for girls and boys, of the present day. The illustrations are capital, while the reading matter is such as to make one wish he was again a boy, and will be found to contain much that will both interest and instruct the "children of a larger growth." Certainly no more profitable, and at the same time acceptable, christmas gift could be made to any boy or girl than a year's paid up subscription. Get a sample copy.

MISCELLANY.

Subnitrate of Bismuth as a Local Application.—To the New York Medical and Surgical Society, Dr. Alfred C. Post related a case of cicatrical contractions from a burn, which bound the arm firmly across the chest. Free incisions were made in the cicatrical tissue, and subnitrate of bismuth was dusted on the wounds from a pepper-box at each dressing. Exuberant granulations were kept down, while there was but little inflammation or suppuration. In other cases he has found it to control the amount of granulations from burned surfaces.

Diphtheritic Infection Through an Ear-ring.—In the *N. Y. Med. Jour.*, July 28, 1883, Dr. A. Jacobi related the history of a case illustrating the conveyance of contagium of diphtheria by means of an ear-ring. The patient, a little girl, seven years of age, had been removed from home during the course of her sister's fatal illness, and had returned on the day of the funeral. The ear-rings which the deceased child had worn had been superficially cleansed, and given to the sister two days later. Shorily after, one of the ear-ring holes became inflamed, and the next day the lobule of the ear was covered with a white deposit; soon after, a previously-existing blistered surface behind the other ear had a diphtheritic membrane formed on it, and a day later diphtheria of the pharynx was developed.

The Treatment of Catarrhal Otitis in Infants.—In catarrhal otitis of the new-born, poultices should be applied to the pavilion, and injections made into the auditory canal of a decoction of poppy heads as hot as can be borne. As soon as a discharge is established, a little borax is to be added to the injection. When the pain is severe, a pledget of cotton dipped in an oily solution of morphine may be placed in the ear. When the pain seems to be nearly gone the decoction of poppies may be replaced by a one per cent. solution of chloral, warmed, and injected slowly by means of a small syringe. Finally, when the pain has ceased entirely, an application of alum and glycerine (1 part to 20) is to be made after each injection.—*L' Union Medicale*, September 18, 1883.

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